A Community Mental Health Survey of Anoka County

APRIL 2010

"Mental health is as important as physical health"

Mental Wellness Campaign for Anoka County

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April 2010

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Anoka County Parks and Recreation
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Connexus Energy
Dominos Pizza (Fridley)
Rose Foundation

Summary

> "The 2010 survey data is important to the Campaign because we can compare the results to those from 2006 in order to see how we are trending in terms of creating awareness, understanding and acceptance of mental health issues. The survey results will help us shape our strategic plan, allowing us to target our outreach and education efforts in the community."
>
> *Tammy Ferguson – Chairperson, Mental Wellness Campaign for Anoka County*

The Mental Wellness Campaign for Anoka County is a diverse group of community partners with a mission to "promote increased public awareness, understanding and acceptance of mental health care." In 2005-06, to help inform their efforts to increase awareness and reduce stigma, they partnered with Wilder Research to survey 1,123 county residents about their attitudes and beliefs about mental health. The results were used by the Campaign to guide educational efforts in the county over the next several years. In 2009, the Mental Wellness Campaign asked Wilder Research to repeat the community survey, to obtain more current information about residents' attitudes and to determine whether perceptions of mental health have changed over time.

For the initial survey, Wilder Research staff worked with members of the Mental Wellness Campaign for Anoka County to implement a multi faceted approach to data collection. In an effort to obtain feedback from a representative group of county residents, data were collected through an advertised online survey, opportunities for residents to call Wilder Research to be interviewed, in-person data collection at public locations and community gatherings, and a phone survey to reach a random sample of 100 residents. The 2009-10 approach closely replicated the original methodology.

Between November 2009 and February 2010, Anoka County residents completed 1,377 surveys. Based on the population of Anoka County, this number of responses provides a confidence interval (margin of error) of three points. All respondents who opted to provide contact information were eligible for a drawing of prizes, including cash or passes to Anoka County parks.

This report summarizes the survey results from the second survey (completed in 2010), compares the findings to the first survey (completed in 2006), and provides an updated set of recommendations for the Campaign.

Who took the survey?

The 1,377 survey respondents comprise a broad, representative sample of Anoka County residents:

- A broad age distribution was obtained; 19 percent were age 14-24, 31 percent were age 25-44, 39 percent were age 45-64, and 11 percent were over age 65.
- Comparable to the county population, 91 percent were White; other survey participants were Black, American Indian, Hispanic, Asian, African-born, and other races/ethnicities.
- Participants represented 23 Anoka County cities or towns. Thirty-nine percent of the respondents lived in either Blaine or Coon Rapids and at least 5 percent lived in Fridley, Anoka, Andover, and Ramsey.
- Educational backgrounds included a high school diploma or less (29%), some college (27%), two-year or four-year degrees (31%), and graduate degrees (13%).
- Sixty-three percent of the respondents worked outside of the home. The most common occupations included medical/health, teacher/education, administrative/human services, and the food/service industry. In addition, 12 percent of the participants were retired, 11 percent were current students, 7 percent were unemployed, 5 percent were homemakers, and 2 percent were not working due to a disability.

Gender is the one way in which the survey sample does not reflect the overall county population. Because of the difficulty recruiting men in 2006, when only 30 percent of the respondents were male, the project team developed a number of strategies designed specifically to target men. Despite these efforts, men made up only 27 percent of the final sample in 2010, although they represent 50 percent of the county population.

How familiar are County residents with mental illness?

About seven in ten residents (71%) were very familiar with mental illness through personal connections, saying that mental illness had affected a relative, someone they lived with, or themselves. The percentage of residents classified as "very familiar" increased significantly from 64 percent in 2006. While the Campaign has a goal of increasing familiarity with mental illness, it is unlikely that they are solely responsible for this increase. The familiarity scale used in this survey considers individuals to have high familiarity only if they have a family member with a mental illness, live with someone who has a mental illness, or themselves have a mental illness. It is not likely that the Campaign directly influenced these conditions. However, it is possible that increased

familiarity corresponds to either increased recognition of mental health issues or an increased willingness to disclose these experiences.

Other residents had only casual exposure to mental health issues. Most have seen movies or television shows with a character affected by mental illness, have made a passing observation of someone they thought had a mental illness, or have seen a television documentary about mental illness. Only 5 percent have never observed anyone who had a mental illness.

How do residents perceive the prevalence of mental illness?

Many residents underestimated the proportion of the population that experiences mental health concerns. While there are no specific figures about the proportion of Anoka County residents who will have a mental health issue at some point in their lives, other research suggests that approximately one in five people experience mental health concerns. Almost six in ten respondents (57%) felt that the proportion of Anoka County residents was either 1 in 5 or 1 in 10. However, a significant percentage (37%) gave much lower estimates, ranging from 1 in 25 to 1 in 250. People who had less personal contact with someone experiencing mental illness were especially likely to give a lower estimate. Lower estimates were also given by individuals who were non-White, had less than a two-year college degree, or who were age 25 or younger. These results did not change significantly from 2006.

What do residents think about people with mental illness?

In several areas, perceptions of Anoka County residents already reflect viewpoints consistent with the messages of the Mental Wellness Campaign for Anoka County. Attitudes about mental health were generally positive. For example, almost all respondents "strongly agreed" or "agreed" that mental health is as important to someone's well-being as their physical health (98%), mental illness can happen to anyone (97%), and mental illness can be effectively treated (92%). Relatively few "strongly agreed" or "agreed" that they try to avoid people with a mental illness (14%), feel unsafe around people with a mental illness (14%), or would be uncomfortable if someone with a mental illness lived in their neighborhood (10%).

Although most people said they are comfortable around someone with a mental illness, only 36 percent "agreed" or "strongly agreed" that they would trust someone with a mental illness to take care of their loved ones, such as children or parents. Twenty-three percent "agreed" or "strongly agreed" that people with a mental illness should be excluded from public leadership, such as holding an elected office.

On some questions, views varied significantly by life experience, gender, age, education level, or racial background:

- Those who were more personally familiar with mental illness were generally more accepting of others with mental illness.

- Men were somewhat more likely than women to avoid people with mental illness or to feel uncomfortable if someone with a mental illness lived in their neighborhood, and to feel that people with mental illness are a burden on society, belong in a hospital or institution, and should be excluded from leadership positions. They were less likely to say that mental illness is caused by factors outside of someone's control, that they would trust someone with a mental illness to take care of their loved ones, and that more mental health services are needed.

- Younger residents (up to age 25) were less likely to feel that mental illness can be effectively treated, that mental health is as important to well-being as physical health, and that mental illness can happen to anyone. However, they were also less likely than older respondents to feel that people with mental illness are a burden on society and to avoid people who have a mental illness. Adults age 51 or older were most likely to feel that people with a mental illness should be excluded from positions of public leadership and least likely to trust someone with a mental illness to take care of their loved ones.

- Compared to residents from other racial or ethnic backgrounds, White residents were more likely to agree that mental illness can be effectively treated and that they feel sorry for people who have a mental illness. They were also less likely to agree that people with a mental illness belong in a hospital or institution and that they would feel uncomfortable if someone with a mental illness lived in their neighborhood.

- Residents with at least a two-year college degree were less likely to agree that people with a mental illness belong in a hospital, that they would feel uncomfortable if someone with a mental illness lived in their neighborhood, and that they should be excluded from positions of public leadership. They were also significantly more likely to agree that mental illness can be effectively treated, that mental illness is caused by factors outside of someone's control, and that they would trust someone with a mental illness to take care of loved ones.

Have attitudes about mental illness changed in the last several years?

There were a few notable changes in responses between 2006 and 2010. Most notably, the percentage of respondents who "strongly agreed" or "agreed" that they would trust someone with a mental illness to take care of loved ones increased (from 29% to 36%), while the percentage who "strongly agreed" or "agreed" that people with mental illness should be excluded from public leadership decreased (from 29% to 23%). There were smaller, but still statistically significant, decreases in the percentage of respondents who "strongly agreed" or "agreed" that people with a mental illness belong in a hospital or institution (from 10% to 7%) and that they would be uncomfortable if someone with a mental illness lived in their neighborhood (from 13% to 10%).

The percentage of respondents with high familiarity of mental illness increased significantly between 2006 and 2010. Because familiarity is a strong predictor of attitudes, a comparison of responses from the two years was conducted using a weighted analysis. The weighted analysis is a statistical manipulation that helps determine whether any changes in ratings between 2006 and 2010 can be explained by the increased familiarity of respondents. For most of the attitude questions that had shown a difference between years, the difference retained its significance, suggesting that the increased familiarity with mental illness did not solely account for the results.

Analyses were also conducted to see if there were differences between years for sub-groups of residents based on gender, age, race/ethnicity, or level of education. A number of significant differences emerged. Among the most notable changes were:

- A decrease in the percentage of men who "agreed" or "strongly agreed" that people with mental illness belong in a hospital or institution (from 17% to 11%), though they also became more likely to agree that people with a mental illness are a burden on society (from 13% to 19%).

- Decreases in the percentage of respondents age 25 or younger who "agreed" or "strongly agreed" that they try to avoid people with a mental illness (from 18% to 10%), that people with mental illness belong in a hospital or institution (from 18% to 10%), that they would be uncomfortable if someone with a mental illness lived in their neighborhood (from 14% to 8%), and that people with mental illness should be excluded from positions of public leadership (from 32% to 22%); there was also an increase in the percentage who agreed that they would trust someone with a mental illness to take care of loved ones.

- Decreases in the percentage of individuals age 51 or older who "agreed" or "strongly agreed" that they would be uncomfortable if someone with a mental illness lived in their neighborhood (from 15% to 10%) and that people with mental illness should be excluded from positions of public leadership (from 41% to 29%).

- An increase in the percentage of non-White individuals who "strongly agreed" or "agreed" that mental illness is caused by factors outside of someone's control (from 69% to 80%).

- Decreases in the percentage of respondents with a high school diploma or less who "strongly agreed" or "agreed" that mental illness can be effectively treated (from 93% to 87%), that they feel sorry for people who have a mental illness (from 85% to 78%), and that people with mental illness should be excluded from positions of public leadership (from 41% to 32%).

Who are residents comfortable discussing mental health concerns with?

At least 9 in 10 respondents "strongly agreed" or "agreed" that they would feel comfortable discussing their own or their child's mental health issues with doctors, and approximately 8 in 10 respondents said that they would talk to clergy members or other religious/spiritual leaders. In addition, most parents (86%) would feel comfortable discussing concerns about their child with someone at their child's school, such as teachers and counselors.

Informal support was also important. Most residents would feel comfortable discussing their own mental health issues, or those of their children, with family members (approximately 8 in 10 respondents) and friends (approximately 7 in 10 respondents). Women were more comfortable than men talking with friends about mental health concerns. Overall, people were least likely to feel comfortable discussing issues with co-workers and neighbors (approximately 4 in 10 respondents).

People with higher levels of familiarity with mental illness were more comfortable discussing mental health concerns. They reported a greater willingness to discuss their own concerns with doctors and friends. They were also more likely to discuss concerns about their child with doctors, friends, and family. Individuals 25 or younger were less comfortable talking to doctors, neighbors, and especially clergy members about their mental health status.

Where would residents go for help?

Most survey respondents "agreed" or "strongly agreed" that they knew how to find out what services are available in their community if they worried about their own (71%) or their child's mental health (74%). County residents were more likely to agree that they would first try to solve the problem on their own, rather than seeking treatment, when it comes to their own mental health (62%) as opposed to that of their child (46%). The percentage of participants agreeing that they would first try to solve their child's problem on their own increased significantly from 40 percent in 2006. Men, younger residents, and residents with at least a two-year degree were more likely to say that they would first try to solve problems on their own.

Do residents want to know more?

Just over half (52%) of the Anoka County residents surveyed were interested in learning more about mental health (a significant increase from 47% in 2006). Groups that expressed higher levels of interest included women (54%, compared to 45% of men), non-White residents (61%, compared to 51% of White residents), and residents age 51 or older (57%, compared to 50% of those age 25 or younger).

Responding to an open-ended question, respondents said their preferred ways to receive this kind of information are the Internet (34%), newspapers (32%), and flyers or brochures (27%). While still among the most popular strategies, there were notable declines in the percentage of respondents who requested information through newspapers or flyers. The percentage requesting information via the Internet increased, however.

Have residents seen recent publicity about mental health?

In both 2006 and 2010, approximately 6 in 10 survey respondents had seen recent publicity about mental health or mental illness issues. In 2010, residents were more likely to have seen publicity if they were female (59%, compared to 51% of males) and if they were older (63% for age 51 or older, compared to 45% for those age 25 or younger).

Almost two-thirds of the respondents (63%) who had recently seen publicity about mental health or mental illness issues said that they had seen the information in a television commercial. Other prevalent sources of information were television news (44%), newspapers (42%), and magazines (42%). Between 2006 and 2010, there were significant increases in the percentage of respondents who had obtained information about mental health through television commercials, billboards, and posters.

Are residents aware of the Mental Wellness Campaign?

Fifteen percent of the 2010 respondents were familiar with the Mental Wellness Campaign prior to completing the survey. Those respondents who were aware of the Campaign were most likely to be familiar with newspaper articles, flyers or brochures, resource fairs/booths, and posters or displays.

Residents were more likely to be aware of the Campaign overall if they were older and more educated. Individuals with higher levels of education were also more likely to be aware of specific Campaign activities, including resource fairs/booths, the "Faces: unmasking mental illness" DVD, and presentations. Several other specific differences emerged in the types of Campaign activities people were familiar with based on their background characteristics. Females were more aware of flyers or brochures, older individuals were more aware of newspaper information, White individuals were more aware of website resources, and individuals with lower educational attainment were more aware of information provided through television news.

Does society need to be more accepting of people with mental illness?

Almost all respondents (95%) said that society needs to be more accepting of people with a mental illness. Respondents were less likely to agree with this item if they were male (92%, compared to 96% of females), and less familiar with mental health issues (93%, compared to 96% of those with a high familiarity).

When asked an open-ended question about what messages would increase public acceptance of people who have mental illness, Anoka County residents' most common suggestions followed these general themes:

- Mental illness can be effectively treated (16%)
- Mental illness can happen to anyone (15%)
- Mental illness has a biological basis similar to other medical conditions (15%)
- There are different types of mental illness, with a wide range of symptoms and effects (14%)

While similar themes emerged in these suggested messages between 2006 and 2010, there were some notable changes. The percentage of respondents recommending that the public learn that mental illness can be effectively treated doubled (8% to16%). However, fewer

respondents recommended emphasizing that mental illness can happen to anyone (24% in 2006 to 15% in 2010) and that different types of mental illness with varying symptoms and effects exist (20% in 2006 to 14% in 2010). The reduction does not necessarily mean that fewer people would agree with these key messages, only that fewer people volunteered these messages when asked for suggestions.

When asked to identify the best strategies for changing community perceptions, respondents were most likely to suggest sharing more information in general (37%), providing more publicity about mental illness (31%), and holding community meetings or programs (11%).

Recommendations based on survey results

Overall, many of the results remained relatively stable across the two survey administrations. However, there were some changes, generally reflecting a positive shift in attitudes and beliefs. Many of the recommendations established in 2006 still apply based on these findings, and the Campaign is encouraged to continue their efforts. The following conclusions and recommendations emerge from the 2010 survey results:

- Most of the residents surveyed know someone with a mental illness. Sharing information with residents about the prevalence of mental illness, and the percentage of county residents who report knowing someone, may help "normalize" this experience and reduce stigma. Along with this information, provide easy-to-find resources for informal supports, friends and family members who may not know how to talk with or help loved ones with mental health concerns.

- Familiarity with mental illness is a strong and consistent predictor of attitudes, and first-hand knowledge and experience is more powerful than general information about mental health in changing attitudes. Consider strategies to increase the familiarity of those with only casual exposure to mental health issues. Provide residents with information about how to recognize potential signs of mental health issues and provide positive models of recognizable individuals with mental illness, such as celebrities or respected leaders.

- As was the case in 2006, residents were relatively unlikely to say that they would trust someone with a mental illness to take care of their loved ones or to feel that people with a mental illness should have public leadership roles. Ratings to both items improved significantly from 2006, however further improvement is still possible. Share examples of individuals with mental illness who successfully carry out roles involving a high degree of trust, responsibility, or leadership.

- Men generally held more stigmatizing beliefs than women. They also expressed less interest in learning about mental health, and were less likely to say that they have seen any recent publicity, suggesting a need for more creative and proactive strategies. Bringing information into the home, such as through television commercials, or providing posters/billboards in places popular among men may be helpful. More active strategies, such as identifying opportunities to engage men in conversations about mental health, are especially important.

- Residents age 25 or younger generally held more stigmatizing beliefs, and were least likely to agree with some of the beliefs common among adult residents (i.e., mental health is as important as physical health, mental illness can happen to anyone, and mental illness can be effectively treated). A number of items have shown improvement since 2006, however, again more improvement is possible. Provide age-appropriate education and resources to younger residents. It may be useful to target younger children, as national research shows attitudes about mental health begin to form in the elementary school years.

- Residents with concerns about their own mental health, or that of their child, are most likely to talk to doctors, clergy, and teachers. Other national research has shown that these groups are not always comfortable having these conversations and lack information about local sources of information and support. Provide targeted information to assist these professionals in providing accurate information, support, and local resources related to mental health.

- Approximately one-quarter of the respondents disagreed that they would know how to find out what services are available in the community if they were worried about their own, or their child's, mental health. Continue to publicize information about available mental health services and resources. New people continuously move into every community, and others who have lived there for years might not pay close attention until the need arises.

- Almost two-thirds of the respondents (62%) "agreed" or "strongly agreed" that they would first try to solve a mental health concern on their own, rather than seeking treatment. Almost half (46%) would try to address mental health concerns of their child on their own. Promote messages that encourage county residents to identify concerns and to seek help right away, rather than attempting to address concerns on their own.

- Although few residents are comfortable discussing mental health concerns at work, major employers are a strategic conduit for reaching residents, and a well-executed information campaign might help increase comfort levels regarding mental health topics in the workplace. Working with employers to distribute information about mental health and community resources may be an especially helpful strategy for reaching individuals with lower levels of formal education, who tend to hold more stigmatizing beliefs.

- The majority of the Anoka County population, and most of the survey respondents, were White. Individuals from other racial/ethnic backgrounds tended to hold more stigmatizing attitudes, but were also more interested in learning more about mental health. Consider partnering with culturally-based organizations in the community to provide culturally-appropriate and relevant information and resources.

- Almost all residents already "strongly agree" or "agree" that mental health is as important to someone's well-being as their physical health and that mental illness can happen to anyone. There was some increase in the percentage who strongly agreed however, indicating that improvement is still possible. Continue to highlight key messages that resonate strongly with residents, focusing on the effectiveness of treatment, the underlying biological basis of mental illness, the broad range of resulting symptoms and effects, and the fact that mental illness can happen to anyone.

Introduction

The Mental Wellness Campaign for Anoka County is a diverse group of community partners whose mission is to "promote increased public awareness, understanding and acceptance of mental health care." In 2006, to help inform their efforts to increase awareness and reduce stigma, they partnered with Wilder Research to survey 1,123 county residents about their attitudes and beliefs about mental health. The results were used by the Campaign to guide educational efforts in the county over the next several years. In 2010, the Mental Wellness Campaign asked Wilder Research to repeat the community survey, to obtain more current information about residents' attitudes and to determine whether perceptions of mental health have changed over time.

How to read the report

Table format

Throughout this report, the initial assessment is identified as the 2006 results, though data collection began in late 2005. The second assessment is identified as the 2010 results, though data collection began in late 2009. The 2010 results are the primary focus of this report, though some tables also include the 2006 results as comparison. Where applicable, comparison data from other sources such as the Census or the American Community Survey are also included.

Definitions

N

Throughout the report, the number of people that responded to each question or series of questions is denoted in the tables by "N." In some tables, the N is shown as a range, indicating that the number of respondents varied across survey items (generally because some respondents did not answer every question in the table).

Chi-square

The main statistical test used to assess variation in results was a chi-square analysis. When a chi-square is calculated, the result value indicates whether a difference between categories is large enough to reflect a true difference, rather than resulting from random or chance variation. For this assessment, chi-square analysis was used to determine whether there were significant differences in survey results between 2006 and 2010, and whether responses varied based on respondent background (such as gender, race/ethnicity, age, educational level, or familiarity with mental illness).

Most tables include a column with the chi-square results. The higher the chi-square value, the more likely there is a statistical difference between the categories being compared. In all measurement, there is room for error and random variation. In this report, chi-square numbers are accompanied by asterisks, which reflect the probability that the results are due to chance variation. The probability (or "p-values") are noted as *p≤.05, ** p≤.01, or *** p≤.001. A higher number of asterisks indicate a higher level of significance, and a lower likelihood that the results can be attributed to chance. For instance, a footnote that reads: "Responses were statistically significant *p≤.05" translates to "There is less than 5 percent probability that the differences in these categories are due to chance."

Example:

Variation in level of comfort sharing mental health concerns by gender

	Percentage of respondents "strongly agreeing" or "agreeing"		
	Male (N=326)	Female (N=781)	Chi-square
If I was worried about my mental health…			
I would feel comfortable telling my friends	61%	70%	9.1**

Note: *Responses varied significantly **p≤.01.*

In the above table, the percentages indicate that women are more likely than men to talk to friends about their mental health issues. Sixty-one percent of men "agreed" or "strongly agreed" with this item, compared to 70 percent of women. The chi-square result (9.1) is listed along with the p-value (**p≤.01). Based on this p-value, the difference between men and women is statistically significant, with less than a one percent probability that the results are due to chance.

Research methods

Survey development

For the initial assessment, a survey was developed to explore the following main issues:

- How much exposure or familiarity do Anoka County residents have with mental health issues or individuals with mental illness?
- What kinds of behaviors or emotional issues do residents consider mental illness?

- What are the attitudes and beliefs of Anoka County residents related to mental health and mental illness?
- How comfortable are residents discussing their own potential mental health issues, or those of their children, with other people?
- How knowledgeable are Anoka County residents about available mental health services, and how likely are they to use these services?
- Are residents interested in learning more about mental health issues and, if so, what are the best strategies for providing this information?
- What are the most important messages that residents feel others need to receive in order to increase societal acceptance of individuals with mental illness?

The survey included both original questions and questions obtained from other sources. Some questions were adapted from the Attitudes of Mental Illness 2003 report prepared by Taylor Nelson Sofres for the Department of Health in London and work done by Dr. Patrick W. Corrigan of the Center for Psychiatric Rehabilitation at the University of Chicago. Additional survey questions were developed to meet the specific needs of the Mental Wellness Campaign for Anoka County.

The survey was modified only slightly for the current assessment. Some questions from the original version related to individuals' definitions of mental illness were removed because the results did not help plan future campaign activities. Several new questions were added to explore residents' awareness of the Mental Wellness Campaign and its activities.

Data collection

In 2006, Wilder Research staff worked with members of the Mental Wellness Campaign for Anoka County to implement a multi faceted approach to data collection. In an effort to obtain feedback from a representative group of Anoka County residents, data were collected through an advertised online survey, opportunities for residents to call Wilder Research to be interviewed, in-person data collection at public locations and community gatherings, and a phone survey to reach a random sample of 100 residents. The 2010 approach closely replicated the original methodology.

Between November 2009 and February 2010, Anoka County residents completed 1,377 surveys. Based on the population of Anoka County, this number of responses gives us a confidence interval (margin of error) of three points. All respondents who opted to

provide contact information were eligible for a drawing of prizes, including cash or passes to Anoka County parks.

Surveys were collected using the following data collection methods (Figures 1-2):

- **Self-administered surveys** – Nine hundred and ten surveys (66% of the final sample) were collected at public locations (compared to 61% in 2006). For some locations, Wilder Research interviewers or campaign volunteers approached individuals and invited them to complete the survey. In 2010, some of the most common sources of completed interviews included the Anoka County Human Services Building (Blaine), the Northtown Mall, and Anoka Ramsey Technical College. A number of new locations for survey administration were added in 2010. Compared to 2006, fewer surveys were completed at senior centers (104 in 2006, compared to only 13 in 2010). Despite this reduction, the percentage of respondents representing older age groups did not decrease.

- **Online surveys** – The survey was available online through a secure website maintained by Wilder Research. Three hundred and sixty-seven people (27% of the final sample) completed the survey online (compared to 30% in 2006). The website was advertised through articles in community newspapers and newsletters, signs posted in libraries and other public locations, and email messages distributed to local companies, list serves, and other community groups. Flyers advertising the survey were also distributed on 2,000 pizza boxes delivered by Domino's Pizza in Fridley.

- **Phone surveys** – Because much of the data collection efforts targeted specific groups of individuals, a telephone survey was added to increase the likelihood of obtaining a random sample of county residents. Wilder Research interviewers used a randomly developed list of Anoka County telephone numbers to contact residents and invite them to participate. Interviews were attempted with 454 Anoka County residents. Of those, 134 had incorrect phone numbers, technological barriers, or could not complete the interview in English. Of the remaining 320 people, 121 refused to be interviewed and 99 could not be reached, resulting in a total of 100 completed random telephone interviews (7% of final sample, 22% of interviews attempted).

Data collection efforts were conducted in partnership with members of the Mental Wellness Campaign for Anoka County who accessed their personal and professional networks to help distribute the survey. Through this collaboration, surveys were collected from a diverse range of residents in a cost-effective manner.

1. Data collection strategies

	2006	2010
On line surveys	333 (30%)	367 (27%)
Telephone interviews (with random sample of residents)	100 (9%)	100 (7%)
Self-administered surveys	690 (61%)	910 (66%)
Total	**1,123 (100%)**	**1,377 (100%)**

2. Self-administered survey locations

	2006	2010
Anoka County Human Services Building in Blaine [a]	98 (9%)	152 (11%)
Northtown Mall [a]	177 (16%)	120 (9%)
Anoka-Ramsey Mental Health event	-	108 (8%)
Jobs and training (Blaine Human Services)	-	61 (4%)
Public libraries	88 (8%)	52 (4%)
Spring Lake Park High School	95 (8%)	44 (3%)
Unity and Mercy Hospitals [a b]	42 (4%)	38 (3%)
Caregiver support day (Zion Lutheran)	-	30 (2%)
Faith Forum	-	26 (2%)
Andover/Blaine hockey game [a]	-	26 (2%)
Early childhood professional training	-	24 (2%)
Anoka County Community Action Program (ACCAP)	-	18 (1%)
Foster care conference	-	18 (1%)
Women, Infants, and Children (WIC)	-	18 (1%)
YMCA [a]	-	15 (1%)
Anoka County Senior Centers [c]	104 (9%)	13 (1%)
Alexandra House	19 (1%)	-
Other [d]	67 (6%)	147 (11%)
TOTAL	**690 (61%)**	**910 (66%)**

Note: *Only locations with at least 15 completed surveys in one of the two years are listed in the figure. Percentages reflect the percentage of the total number of surveys completed across all strategies, rather than the percentage of self-administered surveys completed at each location.*

[a] *Wilder Research staff or Campaign volunteers solicited participation.*

[b] *Only Mercy Hospital was a data collection site in 2006.*

[c] *Additional surveys from senior citizens were collected at other locations.*

[d] *Other sites in 2006 included foster care parent training, Jacob Wetterling conference, school staff and parents, random mail/call ins, WIC and food shelf clinic sites, adult education/GED, and others. In 2010, other data collection locations included the veteran's office, Head Start, immigrant law training, Our Savior's Lutheran Church, the St. Phillips church youth group, Peace Lutheran Church, Element Teen Center, the Coon Rapids Fire Department, and other locations.*

Description of the sample

The survey respondents comprise a broad representative sample of Anoka County in terms of age, race/ethnicity, area of residence, educational level, and occupation. Specifically:

- The full age range of residents was represented, with 19 percent of respondents between the ages of 14 and 24, 31 percent between the ages of 25 and 44, 39 percent between the ages of 45 and 64, and 11 percent over the age of 65. The age breakdown for 2010 generally reflects the overall population of Anoka County. The distribution is also relatively comparable to the 2006 survey respondents, though there was a slight increase in the percentage of respondents who fell between the ages of 45 and 64 (33% in 2006, compared to 39% in 2010).
- Ninety-one percent of the respondents were White. This percentage is not significantly different from the 2006 participants (89%) or the overall county population estimate (88%). Five percent of the respondents were Black; other participants identified themselves as American Indian, Hispanic, Asian, African-born, or others (1% to 3% each).
- Residents represented 23 Anoka County cities or towns. Thirty-nine percent of the respondents lived in either Blaine or Coon Rapids (similar to the population in 2000). At least 5 percent of the respondents lived in Fridley, Anoka, Andover, and Ramsey. Aside from a decrease in the percentage of respondents from Blaine (24% in 2006 to 17% in 2010), the geographic distribution of respondents across the county did not vary from the 2006 distribution.
- A range of educational backgrounds were represented, with 29 percent of the respondents having a high school diploma or less, 27 percent attending some college, 31 percent having either a two-year or a four-year college degree, and 13 percent having a graduate degree. It should be noted that the percentage of respondents having a high school degree or less is inflated due to the fact that youth over the age of 14 were included in the survey.
- Respondents also reflected a diverse array of occupational areas. Twelve percent of the respondents were retired. Eleven percent were current students, either in high school (6%) or beyond (5%). Seven percent of the respondents were unemployed (compared to 3% in 2006); an additional 2 percent was not working due to a disability. Five percent of the respondents were homemakers. A total of 63 percent of the respondents worked outside the home. At least 5 percent of the respondents worked in each of the following areas: medical/health, teacher/education, administrative/ human services, and food/service industry.

The one area in which the sample did not reflect the overall county population was gender. Because of the difficulty recruiting men in 2006, when only 30 percent of the respondents were male, the project team developed a number of outreach strategies designed specifically to target men. Unfortunately, these efforts were not successful. In 2010, men made up 27 percent of the final sample (compared to a population rate of 50%). Because males were underrepresented in the final group of respondents, the confidence interval for males should be increased to five points (Figures 3-8).

3. Age of respondents

	2006 survey		2010 survey	
Age	Respondents (N=1,109)	Anoka County 2004 American Community Survey 1 year estimate (N=246,063)	Respondents (N=1,356)	Anoka County 2006-2008 American Community Survey 3 year estimates (N=255,105)
15 to 19 years (including 14 for survey)	16%	9%	13%	9%
20 to 24 years	5%	10%	6%	8%
25 to 34 years	14%	17%	14%	18%
35 to 44 years	19%	23%	17%	21%
45 to 54 years	21%	20%	23%	21%
55 to 64 years	12%	13%	16%	13%
65 to 74 years	8%	6%	7%	7%
75 to 84 years	4%	3%	3%	3%
85 years and older	<1%	1%	1%	1%

Note: *The American Community Survey data provide an estimate of the population. In 2006, the most recent available data were the one year estimates from 2004. By 2010, the American Community Survey had collected enough data to provide 3 year estimates (which are considered more accurate) so 2006-2008 three year estimates for comparison were used. In both years, 22 percent of the population was estimated to be 14 or younger. The percentages presented here for the American Community Survey estimates are adjusted for the remaining population aged 15 or older. The age distribution of the survey respondents differed significantly between 2006 and 2010; chi-square = 17.8*.*

4. Race/ethnicity of respondents

Racial/ethnic background	2006survey Respondents (N=1,109)	2006survey Anoka County 2004 American Community Survey 1 year estimate (N=316,778)	2010 survey Respondents (N=1,365)	2010 survey Anoka County 2006-2008 American Community Survey 3 year estimates (N=325,259)
White, non-Hispanic	89%	91%	91%	88%
Black, non-Hispanic	2%	3%	5%	3%
American Indian/Alaskan Native	1%	1%	3%	1%
Hispanic	1%	2%	2%	3%
Asian/Pacific Islander	2%	3%	2%	4%
African born	1%	NA	1%	2%
Other	4%	<1%	1%	1%

Note: *Survey respondents could select more than one racial/ethnic category. The American Community Survey data provide an estimate of the population. In 2006, the most recent available data were the one year estimates from 2004. By 2010, the American Community Survey had collected enough data to provide 3 year estimates (which are considered more accurate) so 2006-2008 three year estimates for comparison were used.*

5. Geographic residence of respondents

City or town of residence	2006 survey Respondents (N=1,108)	2006 survey 2000 Census data (N=298,084)	2010 survey Respondents (N=1,356)	2010 survey 2000 Census data (N=298,084)
Coon Rapids	20%	21%	22%	21%
Blaine	24%	15%	17%	15%
Fridley	9%	9%	10%	9%
Anoka	9%	6%	10%	6%
Andover	6%	9%	9%	9%
Ramsey	6%	6%	6%	6%
Columbia Heights	3%	6%	4%	6%
Spring Lake Park	5%	2%	3%	2%
Ham Lake	4%	4%	3%	4%
Lino Lakes	3%	6%	3%	6%
East Bethel	1%	4%	3%	4%
Circle Pines	3%	2%	2%	2%
St. Francis	2%	2%	2%	2%
Oak Grove Township	1%	2%	2%	2%
Cedar (Cedar East Bethel)	3%	-	1%	-

5. Geographic residence of respondents (continued)

City or town of residence	2006 survey Respondents (N=1,108)	2006 survey 2000 Census data (N=298,084)	2010 survey Respondents (N=1,356)	2010 survey 2000 Census data (N=298,084)
Burns Township/Nowthen	1%	1%	1%	1%
Linwood Township	1%	2%	<1%	2%
Lexington	1%	1%	<1%	1%
Bethel	<1%	<1%	<1%	<1%
Centerville	<1%	1%	<1%	1%
Columbus Township	<1%	1%	<1%	1%
Hilltop	<1%	<1%	<1%	<1%
Saint Anthony	-	-	<1%	-

Note: *For the cities of Blaine and Spring Lake Park the population is reported only for the portions of the city included in the county. In 2010, one respondent indicated that he/she was homeless. For local municipalities, the most accurate resident counts are the 2000 census data.*

6. Educational background of respondents

Highest level of education completed	2006 survey All survey participants (N=1,105)	2006 survey Respondents over the age of 25 (N=848)	2006 survey Anoka County 2004 American Community Survey 1 year estimate for residents age 25 or older (N=316,778)	2010 survey All survey participants (N=1,365)	2010 survey Respondents over the age of 25 (N=1,098)	2010 survey Anoka County 2006-2008 American Community Survey 3 year estimate for residents age 25 or older (N=325,259)
Less than a high school degree	17%	3%	8%	10%	2%	8%
High school diploma or GED	19%	21%	32%	19%	18%	31%
Some college	24%	27%	24%	27%	27%	26%
Two-year college degree	12%	14%	9%	11%	13%	11%
Four-year college degree	19%	23%	19%	20%	23%	18%
Graduate degree	10%	12%	7%	13%	16%	7%

*The education distribution of the survey respondents differed significantly between 2005-06 and 2010; chi-square = 32.7*** ($p \leq .05$). The American Community Survey data provide an estimate of the population. In 2006, the most recent available data were the one year estimates from 2004. By 2010, the American Community Survey had collected enough data to provide 3 year estimates (which are considered more accurate) so 2006-2008 three year estimates for comparison were used.*

7. Occupation of respondents

Occupation	2006 survey (N=1,062)	2010 survey (N=1,279)
Retired	15%	12%
Medical/health	8%	11%
Teacher/education	7%	7%
Not working/unemployed	3%	7%
Administrative/human resources	3%	6%
High school student	10%	6%
Food /service industry	5%	5%
Homemaker	4%	5%
Student (beyond high school)	3%	5%
Clerical/secretary	6%	3%
Sales	3%	3%
Social worker/social services	2%	3%
Managerial/executive	5%	2%
Industrial/mechanical	4%	2%
Childcare	2%	2%
Computer based	2%	2%
Police/fire department/security	1%	2%
Not working/disability	1%	2%
Banking/financial	2%	1%
Construction/plumbing/electrician/utility worker	2%	1%
Technician/repair	2%	1%
Caretaker/groundskeeper/park worker	1%	1%
Transportation	1%	1%
Politics/government	1%	1%
Accounting	1%	1%
Mental health	1%	1%
Social sciences	1%	1%
Hard sciences	1%	1%
Special education	2%	1%
Self employed/business owner (unspecified)	1%	1%
Artist/performer	<1%	1%
Religion	<1%	1%

7. Occupation of respondents (continued)

Occupation	2006 survey (N=1,062)	2010 survey (N=1,279)
Postal/shipping industry	1%	<1%
Military	<1%	<1%
Law/judicial	<1%	<1%
Coach/recreation supervisor	<1%	<1%
Temp agency/day placement	<1%	<1%
Environmental/forestry	0%	<1%
Probation officer	<1%	-
News/media	<1%	-

8. Gender of respondents

	2006 survey		2010 survey	
Gender	Respondents (N=1,113)	Anoka County 2004 American Community Survey 1 year estimate (N=316,778)	Respondents (N=1,370)	Anoka County 2006-2008 American Community Survey 3 year estimates (N=325,259)
Male	30%	50%	27%	50%
Female	70%	50%	73%	50%

Note: *The American Community Survey data provide an estimate of the population. In 2006, the most recent available data were the one year estimates from 2004. By 2010, the American Community Survey had collected enough data to provide 3 year estimates (which are considered more accurate) so 2006-2008 three year estimates for comparison were used.*

Survey results

Level of familiarity with mental illness

One set of questions asked respondents to identify their level of contact with or exposure to individuals with mental illness. This Level of Familiarity with Mental Illness Questionnaire was developed by Dr. Patrick W. Corrigan of the Center for Psychiatric Rehabilitation at the University of Chicago. Level of familiarity is important because previous research has found that people who are more familiar with mental illness typically hold more positive attitudes than individuals with lower levels of familiarity.

Respondents had varying levels of familiarity with mental illness, though most had at least casual exposure to individuals with mental illness. Most respondents said that they had seen movies or television shows with a character that has a mental illness (93%), had observed in passing someone that they thought had a mental illness (87%), and had seen a television documentary about mental illness (68%). Many respondents also said that they had contact with people who have a mental illness, including relatives (67%), friends of the family (65%), and co-workers (56%). Only 5 percent of the respondents said that they have never observed anyone they were aware had a mental illness.

Some respondents had significant first-hand contact with mental illness, including having a job that involves caring for individuals with a mental illness (33%), living with someone who has a mental illness (24%), or having a mental illness themselves (22%).

Between 2006 and 2010, there were some significant shifts in respondents' familiarity with mental illness. There were statistically significant increases in the percentage of respondents who have watched a documentary about mental illness, have a relative or family friend with a mental illness, have a job providing services for people with mental illness, live with a person with mental illness, or have a mental illness themselves (Figure 9).

9. Familiarity with mental illness

	Percentage with this experience		
	2006 survey (N=1,111-1,123)	2010 survey (N=1,362-1,365)	Chi-square
I have watched a movie or television show that has a character with a mental illness	94%	93%	0.9
I have observed, in passing, someone I think may have had a mental illness	86%	87%	1.4
I have watched a documentary on television about mental illness	63%	68%	6.3**
I have a relative who has a mental illness	60%	67%	13.1***
A friend of the family has a mental illness	58%	65%	12.5***
I have worked with someone with a mental illness at my place of employment	52%	56%	4.0*
My job involves providing services/treatment for people with a mental illness	29%	33%	4.4*
I live with a person who has a mental illness	17%	24%	20.5***
I have a mental illness	17%	22%	9.2**
I have never observed someone that I was aware had a mental illness	5%	5%	0.2

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

These items were also designed to quantify an individual's overall level of familiarity with mental illness. Each item was assigned a point value that corresponded to low familiarity (1 = I have never observed someone that I was aware had a mental illness) to high familiarity (11 = I have a mental illness). Respondents were categorized as having low, moderate, or high familiarity with mental illness based on the highest rated item that they endorsed.

Compared to 2006, a higher percentage of respondents in 2010 had a high level of familiarity with mental illness. As seen in Figure 10, 71 percent of the respondents had a high level of familiarity with mental illness. This is a significant increase from 64 percent in 2006. There were corresponding declines in the percentage with low or moderate levels of familiarity. The increase in the percentage with high familiarity is due to the increased percentages of respondents who said that they have a relative with mental illness (an increase from 60% to 67%), live with a person with a mental illness (an increase from 17% to 24%), or have a mental illness (an increase from 17% to 22%).

It is unlikely that the Campaign itself is responsible for the increase in familiarity with mental illness. Over the past several years, the Mental Wellness Campaign has engaged in a number of activities designed to increase familiarity with mental illness. The familiarity scale used in this survey considers individuals to have a high level of familiarity only if they have a family member with a mental illness, live with someone who has a mental illness, or themselves have a mental illness. It is not likely that the Campaign directly influenced these conditions. While not directly measured by the survey, it is possible that increased familiarity corresponds to either increased awareness of mental health issues or an increased willingness to disclose these experiences.

10. Categorization of familiarity with mental illness

		Percentage with item as highest-rated	
	Point value	2006 survey (N=1,110)	2010 survey (N=1,359)
Low familiarity	**1-4**	**14%**	**11%**
I have never observed someone that I was aware had a mental illness	1	<1%	<1%
I have observed, in passing, someone I think may have had a mental illness	2	1%	<1%
I have watched a movie or television show that has a character with a mental illness	3	7%	5%
I have watched a documentary on television about mental illness	4	7%	6%
Moderate familiarity	**5-8**	**22%**	**19%**
I have worked with someone with a mental illness at my place of employment	6	6%	4%
My job involves providing services/treatment for people with a mental illness	7	5%	4%
A friend of the family has a mental illness	8	11%	11%
High familiarity	**9-11**	**64%**	**71%**
I have a relative who has a mental illness	9	37%	36%
I live with a person who has a mental illness	10	10%	13%
I have a mental illness	11	17%	22%

Note: *The familiarity distribution of the survey respondents differed significantly between 2006 and 2010; chi-square = 14.6***. The original version of this scale includes an additional item (#5) – " I have observed someone with a severe mental illness on a frequent basis." This item was removed from the assessment in 2006 by the Campaign's survey advisory group, and was left out of the survey in 2010 as well.*

Perceived proportion of population with mental illness

Most respondents estimated the prevalence of mental illness to be either one in five or one in ten individuals. Prevalence studies estimate that approximately one in five individuals will experience a mental illness at some point in their lives. More than half of the respondents felt that the proportion of people in Anoka County who would have a mental health problem at some point in their lives was either 1 in 5 (30%) or 1 in 10 (27%). Thirty-seven percent felt that the proportion was somewhat lower. Seven percent felt that half of the residents would experience a mental health issue. The distribution of responses was relatively similar to that obtained in 2006 (Figure 11).

11. Perceived proportion of population with mental illness

What proportion of people in Anoka County do you think have a mental health problem at some point in their lives?	2006 survey (N=1,058)	2010 survey (N=1,341)
1 in 2	7%	7%
1 in 5	27%	30%
1 in 10	25%	27%
1 in 25	18%	14%
1 in 50	11%	11%
1 in 100	9%	8%
1 in 250	4%	4%

Individuals with lower levels of familiarity with mental illness tended to underestimate prevalence. Perceptions of the proportion of people in Anoka County who may have a mental illness varied somewhat for individuals of different backgrounds. Most notably, individuals with less familiarity regarding mental illness gave lower ratings of the proportion of County residents with a mental illness. For instance, 61 percent of the individuals with a high level of familiarity said that the proportion of residents with a mental illness was either 1 in 5 or 1 in 10 (compared to 39% of those with a low level of familiarity). In contrast, 41 percent estimated the prevalence to be either 1 in 50 or 1 in 100 individuals (compared to 22% of those with high familiarity).

People were also more likely to say that the rate of mental illness was either 1 in 5 or 1 in 10 if they were White (58%, compared to 45% of those who were not White), have at least a two year degree (65%, compared to 45% of those with a high school education or less), or age 26 to 50 (62%, compared to 45% of those age 25 or younger) (Figure 12).

12. Perceived proportion of population with mental illness – Significant variation in ratings by familiarity with mental health, gender, racial/ethnic background, and age (2010)

What proportion of people in Anoka County do you think have a mental health problem at some point in their lives?	N	Percentage of respondents							Chi-square
		1 in 2	1 in 5	1 in 10	1 in 25	1 in 50	1 in 100	1 in 250	
Level of familiarity									
Low	139	2%	20%	19%	17%	24%	11%	7%	
Moderate	241	3%	20%	32%	15%	12%	13%	5%	84.7***
High	947	8%	34%	27%	13%	9%	5%	3%	
Age									
25 or younger	250-45	5%	25%	20%	17%	18%	9%	5%	
26 to 50	608-62	8%	33%	29%	12%	9%	5%	3%	43.7***
51 or older	464-56	5%	28%	28%	15%	10%	9%	5%	
Racial/ethnic background									
White	1,172	7%	31%	27%	14%	11%	7%	3%	17.9**
All others	158	6%	20%	25%	16%	14%	11%	8%	
Level of education									
High school or less	218-45	6%	24%	21%	15%	13%	14%	6%	
Some college	298-59	6%	31%	28%	14%	10%	6%	5%	41.7***
At least a two-year degree	580-65	7%	34%	31%	12%	8%	5%	3%	

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

General attitudes towards mental health and mental illness

Attitudes about mental health were generally positive, though some residents expressed discomfort with people with mental illness in positions of public leadership or taking care of their loved ones. One set of survey questions assessed residents' general attitudes towards mental health and mental illness. As seen in Figure 13:

- Almost all respondents (98%) "strongly agreed" or "agreed" that mental health is as important to someone's well-being as their physical health; two-thirds of the respondents (69%) "strongly agreed."

- While almost all respondents (97%) "strongly agreed" or "agreed" that mental illness can happen to anyone, fewer (81%) agreed that mental illness is caused by factors outside of someone's control.

- Most respondents "strongly agreed" or "agreed" that mental illness can be effectively treated (92%) and that more services need to be available for people with mental illness (91%). Relatively few residents (7%) "strongly agreed" or "agreed" that people with mental illness belong in a hospital or institution.

- Most respondents "strongly disagreed" or "disagreed" that they would be uncomfortable if someone with a mental illness lived in their neighborhood (90%), that they would feel unsafe around people with a mental illness (86%), or that they would try to avoid people who have a mental illness (86%).

- While most respondents generally indicated that they were comfortable being around individuals with a mental illness, only 36 percent "agreed" or "strongly agreed" that they would trust someone with a mental illness to take care of their loved ones, such as children or parents. Twenty-three percent also "agreed" or "strongly agreed" that people with a mental illness should be excluded from positions of public leadership.

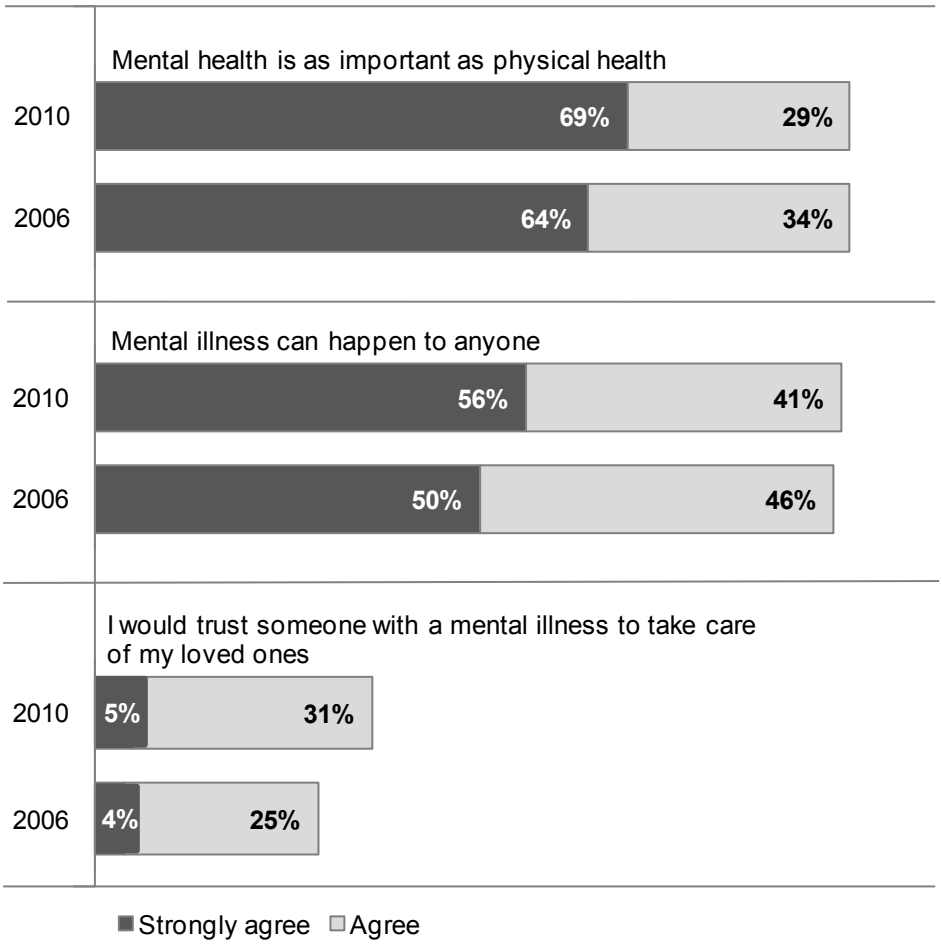
13. General attitudes regarding mental illness

			Percentage of respondents				
		N	Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	Mean
Mental health is as important to someone's well-being as their physical health.*	2006	1,118	1%	1%	34%	64%	3.6
	2010	1,371	1%	1%	29%	69%	3.7
More services need to be available for people with mental illness.	2006	1,106	1%	6%	50%	43%	3.3
	2010	1,362	1%	8%	45%	46%	3.4
Mental illness can happen to anyone.***	2006	1,120	2%	3%	46%	50%	3.4
	2010	1,370	<1%	3%	41%	56%	3.5
Mental illness can be effectively treated.	2006	1,110	1%	7%	61%	31%	3.2
	2010	1,370	1%	7%	61%	31%	3.2
I feel sorry for people who have a mental illness.	2006	1,105	3%	16%	57%	24%	3.0
	2010	1,369	3%	15%	59%	24%	3.0
Mental illness is caused by factors outside of someone's control.	2006	1,094	5%	16%	56%	23%	3.0
	2010	1,353	3%	16%	54%	27%	3.0
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.*	2006	1,072	15%	56%	25%	4%	2.2
	2010	1,325	13%	52%	31%	5%	2.3
People with a mental illness should be excluded from positions of public leadership, such as elected officials.**	2006	1,097	20%	51%	24%	5%	2.2
	2010	1,360	25%	52%	19%	4%	2.0
I try to avoid people who have a mental illness.	2006	1,102	31%	55%	13%	2%	1.9
	2010	1,361	31%	55%	13%	2%	1.9
I feel unsafe around people with mental illness.	2006	1,098	22%	64%	13%	1%	1.9
	2010	1,347	24%	62%	13%	1%	1.9
People with mental illness are a burden on society.	2006	1,099	33%	58%	8%	1%	1.8
	2010	1,365	34%	55%	10%	1%	1.8
People with mental illness belong in a hospital or institution.***	2006	1,098	31%	59%	8%	2%	1.8
	2010	1,358	39%	55%	5%	2%	1.7
I would be uncomfortable if someone with a mental illness lived in my neighborhood.***	2006	1,108	33%	54%	11%	2%	1.8
	2010	1,365	40%	50%	8%	2%	1.7

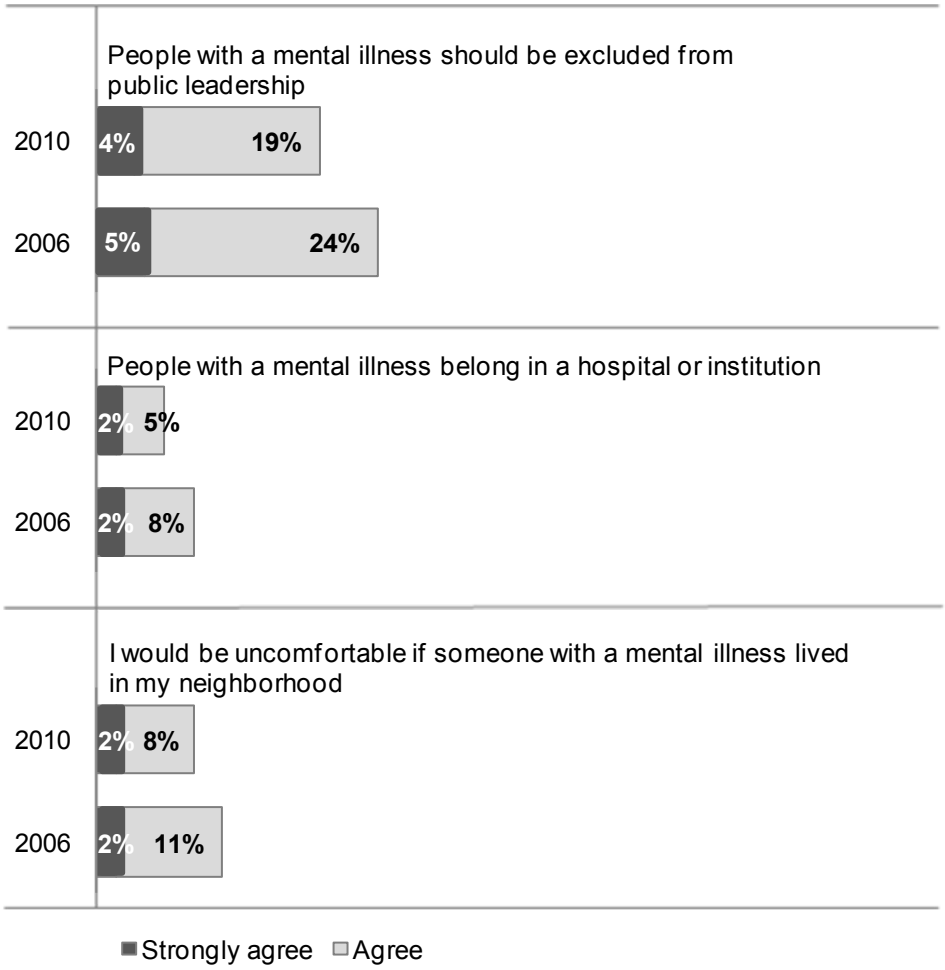
Note: *Responses varied significantly between 2006 and 2010; *p<.05, **p<.01, ***p<.001.*

Six items showed significantly more positive ratings in 2010. Responses to several items changed significantly between 2006 and 2010. There were significant increases in the percentage of respondents who "agreed" or "strongly agreed" that mental health is as important as physical health, that mental illness can happen to anyone, and that they would trust someone with a mental illness to take care of a loved one. There were also significant decreases in the percentage who "agreed" or "strongly agreed" that people with mental illness should be excluded from positions of leadership, that people with mental illness belong in hospitals or institutions, and that they would feel uncomfortable if someone with a mental illness lived in their neighborhood (Figures 14-15).

14. Significant variation in attitudes between 2006 and 2010



15. Significant variation in attitudes between 2006 and 2010 (b)



Variation by level of familiarity

Individuals who were more familiar with mental illness generally were more accepting of others with mental illness. Compared to individuals with low or moderate levels of familiarity, individuals with high familiarity were more likely to say that they would trust someone with a mental illness to take care of their loved ones and were less likely to say that people with a mental illness should be excluded from positions of public leadership. They were more likely to see mental illness as something that can be treated effectively, and less likely to feel that people with mental illness are a burden on society. They were also less likely to avoid people with a mental illness, feel that people with a mental illness belong in a hospital or institution, be uncomfortable with someone with a mental illness living in their neighborhood, and feel unsafe around people with a mental illness. Many of these same differences in attitudes based on level of familiarity emerged in 2006 as well (Figure 16).

16. General attitudes regarding mental illness – significant variation by level of familiarity (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	Low familiarity (N=142-145)	Moderate familiarity (N=247-250)	High familiarity (N=952-960)	Chi-square
More services need to be available for people with mental illness.	91%	87%	93%	8.7*
Mental illness can be effectively treated.	88%	91%	94%	6.8*
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	19%	24%	41%	41.6***
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	40%	29%	19%	36.6***
I try to avoid people who have a mental illness.	22%	15%	12%	9.3**
I feel unsafe around people with mental illness.	22%	17%	11%	15.8***
People with mental illness are a burden on society.	15%	14%	10%	5.9*
People with mental illness belong in a hospital or institution.	13%	6%	6%	9.0*
I would be uncomfortable if someone with a mental illness lived in my neighborhood.	19%	10%	9%	16.9***

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001. In 2006, the following items were found to vary significantly by level of familiarity with mental illness: Mental illness can happen to anyone; I try to avoid people who have a mental illness; People with mental illness belong in a hospital or institution; I would be uncomfortable if someone with a mental illness lived in my neighborhood; I feel unsafe around people with a mental illness; I would trust someone with a mental illness to take care of loved ones, such as my children or my parents; and People with a mental illness should be excluded from positions of public leadership, such as elected officials.*

The improved attitude ratings between 2006 and 2010 were not due solely to the increase in respondents' familiarity with mental illness. A second set of analyses was conducted to further explore the changes in attitudes between 2006 and 2010. These analyses were conducted to assess whether the more positive ratings were due to the fact that the 2010 respondents included a significantly higher percentage of individuals with a high level of familiarity with mental illness (since level of familiarity is a strong predictor of attitudes). To explore this issue, the 2010 responses were weighted to match the 2006 distribution of familiarity ratings. Chi-square analyses were conducted with the weighted file to determine whether the variation between years remained once familiarity levels were balanced between the two years.

Using the weighted file, the changes in ratings between 2006 and 2010 were still significant for the following five items:

- Mental illness can happen to anyone
- People with mental illness belong in a hospital or institution
- I would be uncomfortable if someone with a mental illness lived in my neighborhood
- I would trust someone with a mental illness to take care of my loved ones
- People with a mental illness should be excluded from positions of public leadership

Variation by gender

Males tended to report more negative attitudes about mental illness. While most people still disagreed with these items, males were more likely to "agree" or "strongly agree" that they try to avoid people who have a mental illness (20%, compared to 12% of females), that people with a mental illness belong in a hospital or institution (11%, compared to 5% of females), that people with a mental illness are a burden on society (19%, compared to 8% of females), that they would be uncomfortable if someone with a mental illness lived in their neighborhood (13%, compared to 9% of females), and that people with a mental illness should be excluded from positions of public leadership (33%, compared to 20% of females). Females, in contrast, were more likely to "agree" or "strongly agree" that mental illness is caused by factors outside of someone's control (84%, compared to 73% of males), that they would trust someone with a mental illness to take care of their loved ones (38%, compared to 27% of males), and that more services need to be available for people with mental illness (93%, compared to 87% of males) (Figure 17).

17. General attitudes regarding mental illness – significant variation by gender (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"		
	Male (N=365-368)	Female (N=986-995)	Chi-square
More services need to be available for people with mental illness.	87%	93%	12.4**
Mental illness can happen to anyone.	96%	98%	4.5*
Mental illness is caused by factors outside of someone's control.	73%	84%	21.5***
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	27%	38%	13.7***
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	33%	20%	26.8***
I try to avoid people who have a mental illness.	20%	12%	14.5***
People with mental illness are a burden on society.	19%	8%	33.5***
People with mental illness belong in a hospital or institution.	11%	5%	11.4**
I would be uncomfortable if someone with a mental illness lived in my neighborhood.	13%	9%	6.8**

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001. In 2006, the following items were found to vary significantly by gender: Mental illness can happen to anyone; I try to avoid people who have a mental illness; People with mental illness belong in a hospital or institution; Mental illness is caused by factors outside of someone's control; I would trust someone with a mental illness to take care of loved ones, such as my children or my parents; People with mental illness are a burden on society; People with a mental illness should be excluded from positions of public leadership, such as elected officials; More services need to be available for people with mental illness; and Mental health is as important to someone's well-being as their physical health.*

Analyses were also conducted to see if the attitudes expressed by males and females shifted over time. Three items improved significantly for females, with decreases in the percentage who "agreed" or "strongly agreed" that they would be uncomfortable if someone with a mental illness lived in their neighborhood decreased (from 12% in 2006 to 9% in 2010) and that people with a mental illness should be excluded from positions of public leadership (from 26% in 2006 to19% in 2010) and an increase in the percentage who would trust someone with a mental illness to take care of loved ones (from 31% in 2006 to 38% in 2010). Results were mixed for men. The percentage of men who "agreed" or "strongly agreed" that people with mental illness belong in a hospital or institution significantly decreased from 17 percent in 2006 to 11 percent in 2010. However, there

was also an increase in the percentage of men who felt that people with a mental illness are a burden on society (from 13% in 2006 to 19% in 2010).

Variation by age

For a few items, ratings also varied by age. Individuals who were 25 or younger were less likely to feel that mental illness can be effectively treated, that mental health is as important to well-being as physical health, and that mental illness can happen to anyone. However, they were also less likely than older respondents to feel that people with mental illness are a burden on society and to avoid people who have a mental illness. Adults age 51 or older were most likely to feel that people with a mental illness should be excluded from positions of public leadership and least likely to trust someone with a mental illness to take care of their loved ones (Figure 18).

18. General attitudes regarding mental illness – significant variation by age (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	25 or younger (N=264-265)	26-50 (N=614-615)	51 or older (N=472)	Chi-square
Mental health is as important to someone's well-being as their physical health.	94%	99%	99%	22.4***
Mental illness can happen to anyone.	95%	97%	99%	10.0**
Mental illness can be effectively treated.	84%	94%	95%	37.9***
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	34%	39%	31%	7.2*
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	22%	20%	28%	10.8**
I try to avoid people who have a mental illness.	10%	17%	13%	9.5**
People with mental illness are a burden on society.	10%	9%	14%	8.5*

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

Some improvements were seen over time in the attitudes of individuals age 25 or younger regarding mental health. Analyses were also conducted to see if attitudes expressed by individuals of different ages shifted over time. Between 2006 and 2010, there were declines in the percentage of respondents age 25 or younger who "agreed" or "strongly agreed" that they try to avoid people with a mental illness (from 18% to10%), that people with mental illness belong in a hospital or institution (from 18% to 10%), that they would be uncomfortable if someone with a mental illness lived in their neighborhood (from 14% to 8%), and that people with mental illness should be excluded from positions of public leadership (from 32% to 22%). There was also an increase in the percentage

who "agreed" or "strongly agreed" that they would trust someone with a mental illness to take care of loved ones (from 19% to 34%).

Results were less consistent for older adults. Between 2006 and 2010, there were decreases in the percentage of individuals age 51 or older who "agreed" or "strongly agreed" that they would be uncomfortable if someone with a mental illness lived in their neighborhood (from 15% to 10%) and that people with mental illness should be excluded from positions of public leadership (from 41% to 29%). However, they were also less likely in 2010 to agree that more services need to be available for people with mental illness (from 94% to 91%). Results were relatively stable over time for individuals between the ages of 26 and 50.

Variation by race/ethnicity

Anoka County residents who were White gave more positive responses to some items. Compared to Anoka County residents from other racial or ethnic backgrounds, White residents were more likely to "agree" or "strongly agree" that mental illness can be effectively treated (94% compared 87%), and that they feel sorry for people who have a mental illness (83% compared to 77%). They were less likely to agree that people with mental illnesses belong in a hospital or institution (6% compared to 13%) and that they would be uncomfortable if someone with a mental illness lived in their neighborhood (9% compared to 15%) (Figure 19).

19. General attitudes regarding mental illness – significant variation by race/ethnicity (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"		
	White (N=1,182-1,195)	All others (N=162-164)	Chi-square
Mental illness can be effectively treated.	94%	87%	8.7**
I feel sorry for people who have a mental illness.	83%	77%	4.1*
People with mental illness belong in a hospital or institution.	6%	13%	12.3***
I would be uncomfortable if someone with a mental illness lived in my neighborhood.	9%	15%	4.5*

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001. In 2006, the following items were found to vary significantly by race/ethnicity: Mental illness can be effectively treated; Mental illness can happen to anyone; I feel sorry for people who have a mental illness; People with mental illnesses belong in a hospital or institution; and Mental illness is caused by factors outside of someone's control.*

Some improvements were seen over time in the attitudes of individuals who identified as White. Analyses were also conducted to see if attitudes expressed by individuals of different racial/ethnic backgrounds shifted over time. Between 2006 and 2010, there was a significant increase in the percentage of White respondents who "agreed" or "strongly agreed" that they would trust someone with a mental illness to take care of loved ones (from 30% to 36%). There were significant decreases in the percentages who "agreed" or "strongly agreed" that people with mental illness belong in a hospital or institution (from 9% to 6%), that they would be uncomfortable if someone with a mental illness lived in their neighborhood (from13% to 9%), and that people with mental illness should be excluded from positions of leadership (from 30% to 22%). Aside from an increase in the percentage who "agreed" or "strongly agreed" that mental illness is caused by factors outside of someone's control (from 69% to 80%), results were more stable over time for individuals from other racial/ethnic backgrounds.

Variation by level of education

County residents with higher levels of educational attainment tended to have more positive attitudes about mental health and mental illness. Ratings varied by level of education for a few items. With increased education (i.e., at least a two-year college degree), respondents became less likely to agree that people with a mental illness belong in a hospital or institution (3%, compared to 12% of those with a high school degree or less), that they would be uncomfortable if someone with a mental illness lived in their neighborhood (10%, compared to 14% of those with a high school degree or less), and that people with a mental illness should be excluded from positions of public leadership, such as elected officials (19%, compared to 32% of those with a high school degree or less). They were also significantly more likely to agree that mental illness can be effectively treated (97%, compared to 87% of those with a high school degree or less), that mental illness is caused by factors outside of someone's control (84%, compared to 74% of those with a high school degree or less), and that they would trust someone with a mental illness to take care of loved ones (40%, compared to 29% of those with a high school degree or less) (Figure 20).

20. General attitudes regarding mental illness – significant variation by education level (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	High school or less (N=226)	Some college (N=301)	At least a two-year degree (N=583)	Chi-square
Mental illness can be effectively treated.	87%	96%	97%	30.6***
Mental illness is caused by factors outside of someone's control.	74%	81%	84%	10.7**
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	29%	30%	40%	12.4**
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	32%	24%	19%	17.1***
People with mental illness belong in a hospital or institution.	12%	6%	3%	22.2***
I would be uncomfortable if someone with a mental illness lived in my neighborhood.	14%	7%	10%	7.0*

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

Some variation over time was seen in the perceptions of individuals with different levels of educational attainment, though no consistent patterns emerged. Between 2006 and 2010, there were decreases in the percentage of respondents with a high school degree or less who "agreed" or "strongly agreed" that mental illness can be effectively treated (from 93% to 87%), that they feel sorry for people who have a mental illness (from 85% to 78%), and that people with mental illness should be excluded from positions of public leadership (from 41% to 32%). For respondents with some college education, there was an increase in the percentage of respondents who felt that mental illness can happen to anyone (from 95% to 98%) and a decrease in the percentage who would be uncomfortable if someone with a mental illness lived in their neighborhood (from 15% to 7%). There was an increase in the percentage of respondents with at least a two-year college degree who would trust someone with a mental illness to take care of loved ones (from 33% to 40%).

Comfort discussing mental health issues

In general, respondents are most comfortable disclosing mental health concerns to doctors, family, and clergy members. Respondents were asked to rate how comfortable they would be discussing their own potential mental health issues with others. Overall, people were most likely to "strongly agree" or "agree" that they would feel comfortable discussing issues with doctors (90%), their family (82%), and clergy members or other spiritual leaders (78%). Two-thirds said that they would be comfortable discussing issues with friends (67%). Respondents were least likely to feel comfortable discussing issues with co-workers (35%) and neighbors (32%). Overall results were consistent with those reported in 2006 (Figure 21).

21. Level of comfort sharing one's own mental health concerns

If I was worried about my mental health…		N	Percentage of responses: Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	Mean
I would feel comfortable talking to my doctor about it.	2006	1,116	1%	9%	55%	35%	3.2
	2010	1,372	2%	8%	52%	38%	3.3
I would feel comfortable telling my friends	2006	1,112	4%	29%	51%	16%	2.8
	2010	1,370	3%	31%	50%	17%	2.8
I would feel comfortable telling my family	2006	1,112	3%	16%	55%	26%	3.1
	2010	1,371	3%	16%	54%	28%	3.1
I would feel comfortable telling my neighbors	2006	1,105	14%	55%	25%	7%	2.3
	2010	1,364	16%	52%	25%	7%	2.2
I would feel comfortable telling a clergy member or other religious/spiritual leader	2006	1,104	5%	15%	55%	25%	3.0
	2010	1,367	5%	17%	52%	26%	3.0
I would feel comfortable telling my co-workers	2006	1,099	13%	51%	31%	6%	2.3
	2010	1,360	15%	50%	28%	7%	2.3

In 2010, 58 percent of the survey respondents said that they were caregivers of children under age 18 (compared to 40% of respondents in 2006). Those respondents caring for a child under the age of 18 were also asked to rate their comfort in discussing potential mental health issues exhibited by their children. Results were similar to those obtained regarding one's own mental health issues, with most respondents "strongly agreeing" or "agreeing" that they would feel comfortable talking to their child's doctor (96%), their family (85%), and a clergy member or other religious/spiritual member (82%). Most also

said that they would feel comfortable telling someone at their child's school (86%), though the percentage who "strongly agreed" with this item decreased notably from 34 to 26 percent. Again, fewer respondents said that they would feel comfortable discussing mental health issues with co-workers (42%) and neighbors (32%) (Figures 22-23).

22. Respondents who are caregivers of children under 18

	Percentage responding "yes"	
	2006 survey (N=1,121)	2010 survey (N=1,371)
Are you a primary caregiver for any children under the age of 18?	40%	58%

23. Level of comfort sharing mental health concerns about children

If I was worried about my child's mental health…		N	Percentage of responses: Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	Mean
I would feel comfortable talking to my child's doctor about it.	2006	446	1%	2%	42%	55%	3.5
	2010	574	1%	4%	44%	52%	3.5
I would feel comfortable telling my friends	2006	446	3%	28%	52%	18%	2.9
	2010	572	2%	28%	52%	18%	2.9
I would feel comfortable telling my family	2006	445	2%	14%	54%	30%	3.1
	2010	574	1%	13%	57%	28%	3.1
I would feel comfortable telling my neighbors	2006	446	11%	59%	20%	10%	2.3
	2010	571	15%	53%	23%	9%	2.3
I would feel comfortable telling my co-workers	2006	445	11%	49%	29%	11%	2.4
	2010	571	14%	45%	33%	9%	2.4
I would feel comfortable telling a clergy member or other religious/ spiritual leader	2006	441	3%	14%	52%	31%	3.1
	2010	571	4%	14%	53%	29%	3.1
I would feel comfortable telling someone at my child's school, such as a teacher or counselor	2006	444	2%	9%	55%	34%	3.2
	2010	570	3%	12%	60%	26%	3.1

Variation by level of familiarity

Individuals with higher levels of familiarity with mental illness were more comfortable disclosing their own mental health concerns. They reported a greater willingness to discuss their own concerns with doctors (91%, compared to 84% of those with low familiarity) and to friends (68%, compared to 57% of those with low familiarity). They were also more likely to discuss concerns about their child with doctors (97%, compared to 85% of those with low familiarity), friends (74%, compared to 54% of those with low familiarity), and family (88%, compared to 76% of those with low familiarity) (Figure 24).

24. Level of comfort sharing mental health concerns – significant variation by level of familiarity (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	Low familiarity (N=41-145)	Moderate familiarity (N=100-249)	High familiarity (N=425-960)	Chi-square
If I was worried about my mental health…				
I would feel comfortable talking to my doctor about it.	84%	91%	91%	6.7*
I would feel comfortable telling my friends	57%	64%	68%	8.7*
If I was worried about my child's mental health…				
I would feel comfortable talking to my child's doctor about it.	85%	96%	97%	14.0***
I would feel comfortable telling my friends	54%	56%	74%	16.9***
I would feel comfortable telling my family	76%	81%	88%	6.7*

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001. In 2006, individuals with high levels of familiarity were more likely to be comfortable talking about their own issues with friends (low = 62%; moderate = 66%; high = 73%; chi-square = 6.6*) and to discuss their child's issues with co-workers (low = 15%; moderate = 41%; high = 43%; chi-square = 11.1**).*

Variation by gender

Females had a higher degree of comfort in discussing mental health issues with their friends. Sixty-eight percent "agreed" or "strongly agreed" that they would feel comfortable telling friends about their own issues, and 74 percent would feel comfortable talking about their child's issues (compared to 62% and 56% of men respectively) (Figure 25).

25. Level of comfort sharing mental health concerns – significant variation by gender (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"		
	Male (N=131-369)	Female (N=437-994)	Chi-square
If I was worried about my mental health…			
I would feel comfortable telling my friends	62%	68%	3.8*
If I was worried about my child's mental health…			
I would feel comfortable telling my friends	56%	74%	15.3***

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001. In 2006, females were significantly more comfortable talking to their friends (male = 61%; female = 70%; chi-square = 9.1**) and to a clergy member or other religious/spiritual leader (male = 76%; female =82%; chi-square = 4.9*). They were also more likely to feel comfortable discussing their child's issues with friends (male = 53%; female = 75%; chi-square = 16.9***) and co-workers (male = 29%; female 43%; chi=square= 6.2**).*

Variation by age

Younger individuals (i.e., those 25 or younger) were less likely to feel comfortable talking to some individuals about their mental health status. This difference was especially pronounced related to comfort discussing issues with clergy members or other religious/spiritual leaders, with only 65 percent of those age 25 or younger feeling comfortable (compared to 79% of those aged 26 to 50 and 84% of those aged 51 or older). Older individuals were also significantly more likely to feel comfortable talking to doctors and neighbors. In contrast, individuals age 51 or older were least likely to agree that they would talk to their family about their child's mental health (76%, compared to 86% of those age 25 or younger and 88% of those age 26 to 50) (Figure 26).

26. Level of comfort sharing mental health concerns – significant variation by age (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	25 or younger (N=52-266)	26 to 50 (N=417-614)	51 or older (N=96-473)	Chi-square
If I was worried about my mental health…				
I would feel comfortable talking to my doctor about it.	84%	92%	91%	11.9**
I would feel comfortable telling my neighbors	30%	28%	39%	13.7**
I would feel comfortable telling a clergy member or other religious/spiritual leader	65%	79%	84%	35.4***
If I was worried about my child's mental health…				
I would feel comfortable telling my family	86%	88%	76%	9.6**

Note: *Responses varied significantly **p≤.01, ***p≤.001. In 2006, older individuals were more likely to talk about their own mental health with doctors (25 or younger = 81%; 26 to 50 = 92%; 51 or older = 93%; chi-square = 27.9***); neighbors (25 or younger = 29%; 26 to 50 = 28%; 51 or older = 38%; chi-square =10.2**); and clergy members or other religious/spiritual leaders(25 or younger = 69%; 26 to 50 = 82%;51 or older = 85%; chi-square = 26.4***).*

Variation by level of education

Individuals with some college education were more likely to "agree" or "strongly agree" that they would feel comfortable talking to a doctor if they had concerns about their mental health (93% of those attending some college and 92% of those with at least a two-year degree, compared to 86% of those with a high school education or less) (Figure 27).

27. Level of comfort sharing mental health concerns – significant variation by level of education (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	High school or less (N=52-266)	Some college (N=417-614)	At least a two-year degree (N=96-473)	Chi-square
If I was worried about my mental health…				
I would feel comfortable talking to my doctor about it.	86%	93%	92%	9.1*

Note: *Responses varied significantly *p≤.05. In 2006, comfort discussing their own mental health varied by education related to family (high school or less= 85%; some college = 76%; at least a two-year college = 83%; chi-square= 7.4*), neighbors (high school or less= 44%; some college = 32%; at least a two-year college = 17%; chi-square= 7.4*); and co-workers (high school or less= 46%; some college = 34%; at least a two-year college = 36%; chi-square= 7.4*).*

Accessing mental health services

Many respondents felt that they knew how to find out about services, though they were more likely to say that they would seek services for their child rather than for themselves. Most survey respondents "agreed" or "strongly agreed" that they knew how to find out what services are available in their community if they worried about their own mental health (71%) or their child's mental health (74%). County residents were more likely to "agree" or "strongly agree" that they would first try to solve the problem on their own, rather than seeking treatment, when it comes to their own mental health (62%) as opposed to that of their child (46%). The percentage of participants "agreeing" or "strongly agreeing" that they would first try to solve their child's problem on their own increased significantly from 40 percent in 2006 (Figure 28).

28. Accessing mental health services

			Percentage of respondents				
If I was worried about my mental health…		**N**	**Strongly disagree 1**	**Disagree 2**	**Agree 3**	**Strongly agree 4**	**Mean**
I would know how to find out what services are available in my community	2006	1,105	5%	25%	51%	18%	2.8
	2010	1,366	5%	25%	50%	21%	2.8
I would first try to solve the problem on my own, rather than seeking treatment.	2006	1,107	8%	32%	50%	11%	2.6
	2010	1,371	9%	29%	51%	11%	2.9
If I was worried about my child's mental health…							
I would know how to find out what services are available in my community	2006	447	5%	19%	52%	24%	3.0
	2010	569	3%	23%	48%	26%	3.0
I would first try to solve the problem on my own, rather than seeking treatment.*	2006	442	13%	48%	35%	5%	2.3
	2010	571	15%	39%	38%	8%	2.4

Note: *Responses varied significantly between 2006 and 2010: *p≤.05.*

Variation by level of familiarity

As seen in Figure 29, people with moderate to high familiarity with mental illness were more likely than those with low familiarity to say that, if they were worried about their mental health, they would know how to find out what services are available in their community (72%, compared to 60% of those with low familiarity).

29. Accessing mental health services – significant variation by level of familiarity (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	Low familiarity (N=40-145)	Moderate familiarity (N=100-248)	High familiarity (N=422-955)	Chi-square
If I was worried about my mental health…				
I would know how to find out what services are available in my community	60%	72%	72%	8.6*

Note: *Responses varied significantly *p≤.05.*

Variation by gender

As seen in Figure 30, males were somewhat more likely than females to say that, if they were worried about their mental health, they would first try to solve the problem on their own, rather than seeking treatment (69%, compared to 60% of females). A similar finding emerged in 2006.

30. Accessing mental health services – significant variation by gender (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"		
If I was worried about my mental health…	Male (N=369)	Female (N=995)	Chi-square
I would first try to solve the problem on my own, rather than seeking treatment.	69%	60%	8.6**

Note: *Responses varied significantly **p≤.01, ***p≤.001. Variation in this item was also significant in 200 (male =69%; female = 57%; chi-square=13.9***).*

Variation by age

County residents who were age 51 or older were most likely to know how to find out what services are available in their community (75%, compared to 63% of those age 25 or younger). They were also least likely to say that they would first try to solve the problem on their own, rather than seeking treatment (55%, compared to 66% of those age 50 or younger). Similar results emerged in 2006 (Figure 31).

31. Accessing mental health services – significant variation by age (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	25 or younger (N=264-265)	26 to 50 (N=612-614)	51 or older (N=469-473)	Chi-square
If I was worried about my mental health…				
I would know how to find out what services are available in my community	63%	71%	75%	11.0**
I would first try to solve the problem on my own, rather than seeking treatment.	66%	66%	55%	16.1***

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001. Variation in these items was also significant in 2006. Knowledge of what services are available in the community (25 or younger = 62%; 26 to 50 = 72%; 51 or older =73% ; chi-square = 10.7**). Preference to solve problem on their own rather than seeking treatment (25 or younger = 63%; 26 to 50 =63%; 51 or older = 55%; chi-square = 6.2*).*

Variation by race/ethnicity

In 2006, White respondents were generally more likely to feel comfortable than those from other backgrounds discussing mental health issues with others. They were significantly more likely to feel comfortable discussing their own and their children's mental health issues with doctors and clergy members or other religious/spiritual leaders. They were also more comfortable discussing their child's mental health with co-workers and someone at their child's school. Significant differences were not found in 2010.

Variation by level of education

As seen in Figure 32, individuals with at least a two-year college were more likely to say that they would know how to find out what services are available in the community for themselves (76%, compared to 69% of those without a degree) or for their children (78%, compared to 68%-69% of those without a college degree). They were also significantly more likely to say that they would first try to solve the problem on their own, rather than seeking treatment (67%, compared to 47% of those with a high school diploma or less and 62% of those with some college education).

32. Accessing mental health services – significant variation by level of familiarity (2010)

	Percentage of respondents "strongly agreeing" or "agreeing"			
	High school or less (N=93-225)	Some college (N=144-303)	At least a two-year degree (N=280-583)	Chi-square
If I was worried about my mental health…				
I would know how to find out what services are available in my community	69%	69%	76%	8.5*
I would first try to solve the problem on my own, rather than seeking treatment.	47%	62%	67%	28.0***
If I was worried about my child's mental health…				
I would know how to find out what services are available in my community	68%	69%	78%	6.0*

Note: *Responses varied significantly *p≤.05, ***p≤.001.*

Interest in learning more about mental health

Overall, just over half of the Anoka County residents who completed the survey in 2010 (52%) said that they were interested in learning more about mental health (a significant increase from 47% in 2006). Residents were more likely to be interested in learning more if they were female (54%, compared to 45% of male respondents), non-White (61%, compared to 51% of White respondents), and age 51 or older (57%, compared to 50% of those age 25 or younger). Individuals who were already relatively familiar with mental health and mental illness were also more interested in continuing to learn more (57%, compared to 40% of those with low levels of familiarity) (Figure 33).

33. Interest in learning more about mental health

	Percentage responding "yes"	
	2006 survey [a] (N=1,081)	2010 survey [b] (N=1,360)
Are you interested in learning more about mental health*	47%	52%

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

*Variation across years was statistically significant = chi square = 5.7**

[a] *In 2006, responses varied significantly by gender (male = 39%; female = 51;(chi-square = 12.2***). Responses also varied significantly by racial/ethnic background (White = 46%; non-white = 60%; chi-square = 7.8**).*

[b] *In 2010, responses varied significantly by gender (male = 45%; female = 54%; chi-square = 7.6**). Responses varied significantly by racial/ethnic background (White = 51%; non-white = 61%; chi-square = 5.6*). Responses varied significantly by level of familiarity with mental illness (low = 40%; moderate = 44%; high = 57%; chi-square = 23.5***). Responses varied significantly by age (25 or younger = 50%; 26 to 50 = 49%; 51 or older = 57%; chi-square = 6.4*).*

Those people who were interested in learning more about mental health were asked about the best way for them to receive information. Respondents were most likely to identify the Internet (34%), newspapers (32%) and flyers or brochures (27%) as good ways for them to get information. While still the most popular strategies, there were notable declines in the percentage of respondents who requested information through newspapers or flyers. The percentage requesting information via the Internet increased (Figure 34).

34. Open-ended question: What are the best ways to receive information?

Ways to receive information	Percentage responding this is a good way to receive information: 2006 survey (N=421)	2010 survey (N=709)
Internet/website/email	24%	34%
Newspaper (articles)	49%	32%
Flyer or brochure	41%	27%
Other television program/TV unspecified	16%	10%
Classes/courses/training	10%	7%
Regular mail	-	6%
Books	6%	6%
Media (unspecified)	3%	5%
Magazine	6%	4%
From doctors/clinics/hospitals	6%	3%
Radio program	2%	2%
School or job	1%	2%
Word of mouth/In person (friends/family)	3%	1%
Television news	2%	1%
Television commercial	1%	1%
Church	<1%	1%
Through work	1%	4%
Billboard	<1%	3%
Poster	1%	<1%
Phone	<1%	<1%
Specialized publications/resource material	<1%	<1%
Anoka County human services	-	<1%

Publicity about mental health or mental illness issues

In both 2006 and 2010, approximately 6 in 10 survey respondents had seen recent publicity about mental health or mental illness issues. In 2010, residents were more likely to have seen publicity if they were female (59%, compared to 51% of males) and if they were older (63% for age 51or older, compared to 45% for those age 25 or younger). There was also a significant difference based on level of familiarity – individuals who were more familiar with mental health issues were more likely to have seen publicity. Of those respondents classified as having low familiarity, only 38 percent had seen recent publicity. Due to the nature of the data, it is not possible to determine whether these individuals were more aware of the publicity due to their familiarity with the subject matter, or whether the publicity had helped to increase their familiarity with mental health. A similar variation in responses based on client age, gender, and familiarity with mental illness were also found in 2006 (Figure 35).

35. Recent publicity about mental health or mental illness issues

	Percentage responding "yes"	
	2006 survey[a] (N=1,089)	**2010 survey[b] (N=1,363)**
Have you recently seen any publicity about mental health or mental illness issues?*	61%	57%

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

*Variation across years is statistically significant = chi square = 5.3**

[a] *In 2006, responses varied significantly by level of familiarity with mental illness (Low = 40%; moderate = 61%, high = 73%; chi-square 46.1***). Responses varied significantly by gender (male = 54%, female = 65%; chi-square = 10.3**). Responses varied significantly by age (25 or younger = 48%; 26 to 50 = 65%; 51 or older = 67%; chi-square = 26.9***).*

[b] *In 2010, responses varied significantly by level of familiarity with mental illness (Low = 38%; moderate = 54%; high = 61%; chi-square = 27.6***). Responses varied significantly by gender (male = 51%; female = 59%; chi-square = 7.6**). Responses varied significantly by age (25 or younger = 45%; 26 to 50 = 57%; 51 or older = 63%; chi-square = 23.6***).*

In 2010, almost two-thirds of the respondents (63%) who said that they had recently seen publicity about mental health or mental illness issues said that they had seen the information in a television commercial. Other prevalent sources of information were television news (44%), newspapers (42%), and magazines (42%). Between 2006 and 2010, there were significant increases in the percentage of respondents who had obtained information about mental health through television commercials, billboards, and posters (Figure 36).

36. Open-ended question: What was the source of the information?

Sources of information about mental health or mental illness issues	Percentage responding that they received information about mental illness by this media: 2006 survey (N=669)	2010 survey (N=770)
Television commercial**	54%	63%
Television news	48%	44%
Newspaper	44%	42%
Magazine	42%	44%
School or job	33%	29%
Billboard**	31%	39%
Other television program	28%	26%
Flyer or brochure	25%	28%
Radio program	18%	18%
Poster*	14%	19%
Other	5%	6%

Note: *Other sources of information listed by respondents include: internet/website/email, books, classes, work, friends and family, doctors, and unspecified media. Responses varied significantly across years *p≤.05, **p≤.01.*

Awareness of the Mental Wellness Campaign

Of the 2010 respondents, 15 percent were familiar with the Mental Wellness Campaign prior to completing the survey. Those respondents who were aware of the Campaign were most likely to be familiar with newspaper articles, flyers or brochures, resource fairs/booths, and posters or displays.

Residents were more likely to be aware of the Campaign overall if they were older (20% of those age 51 or older, compared to 5% of those 25 or younger) and more educated (20% of those with at least a two-year college degree, compared to 14% to 15% of those with less education). Individuals with higher levels of education were also more likely to be aware of specific Campaign activities, including resource fairs/booths, the "Faces: unmasking mental illness" DVD, and presentations. Several other specific differences emerged in the types of Campaign activities people were familiar with based on their background characteristics. Females were more aware of flyers or brochures, older individuals were more aware of newspaper information, White individuals were more aware of website resources, and individuals with lower educational attainment were more aware of information provided through television news (Figures 37-42).

37. Awareness of the Mental Wellness Campaign (2010)

	Percentage responding "yes"[a] (N=1,362)
Other than through this survey, are you familiar with the Mental Wellness Campaign for Anoka County?	15%

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

[a] *2010 responses varied significantly by age (25 or younger = 5%; 26 to 50 = 15%; 51 or older = 20% ; chi-square = 27.6***). They also varied by level of education (high school or less = 14%; some college = 13%; at least a two-year degree = 20%; chi-square = 8.3*).*

38. Open-ended question: Which of these activities are you familiar with? (2010)

Which of these activities are you familiar with?	2010 survey (N=200)
Newspaper articles	43%
Flyers or brochures	42%
Resource fairs/booths	41%
Posters or displays	39%
Television news	27%
Presentations	26%
DVD "Faces: unmasking mental illness"	23%
Website	23%
"Nothing to hide" display	14%
Other	12%

Note: *Other sources of information listed by respondents include: word of mouth (friends and family), doctors, specialized publications, schools/jobs, and other.*

39. Awareness of Mental Wellness Campaign activities – significant variation by gender (2010)

	Percentage of respondents aware of activity		
	Male (N=46)	Female (N=154)	Chi-square
Flyers or brochures	28%	46%	4.6*

Note: *Responses varied significantly *p≤.05.*

40. Awareness of Mental Wellness Campaign activities – significant variation by age (2010)

	Percentage of respondents aware of activity			
	25 or younger (N=14)	26 to 50 (N=91)	51 or older (N=92)	Chi-square
Newspapers	21%	33%	55%	12.2**

Note: *Responses varied significantly **p≤.01.*

41. Awareness of Mental Wellness Campaign activities – significant variation by race/ethnicity (2010)

	Percentage of respondents aware of activity		
	White (N=176)	Non-white (N=21)	Chi-square
Websites	20%	43%	5.3*

Note: *Responses varied significantly *p≤.05.*

42. Awareness of Mental Wellness Campaign activities – significant variation by level of education (2010)

	Percentage of respondents aware of activity			
	High school or less (N=29)	Some college (N=40)	At least a two-year degree (N=116)	Chi-square
DVD "Faces: unmasking mental illness"	3%	25%	26%	7.0*
Resource fairs/booths	10%	42%	51%	15.6***
Television news	45%	27%	22%	6.5*
Presentations	7%	22%	33%	8.4*

Note: *Responses varied significantly *p≤.05, ***p≤.001.*

Need for societal acceptance of people with mental illness

Similar to the prior survey administration, most respondents in 2010 (95%) said that society needs to be more accepting of people with a mental illness. As was the case in 2006, respondents were less likely to agree with this item if they were male (92%, compared to 96% of female respondents), and less familiar with mental health issues (93%, compared to 96% of those with a high level of familiarity). A significant difference in perceptions based on respondent age was found in 2006, but did not appear in 2010 (Figure 43).

43. Need for more societal acceptance of people with mental illness

	Percentage responding "yes"	
	2006 survey[a] (N=1,061)	2010 survey[b] (N=1,335)
Do you think that society needs to be more accepting of people with a mental illness?	95%	95%

Note: *Responses varied significantly *p≤.05, **p≤.01, ***p≤.001.*

[a] *In 2006, responses varied significantly by gender (Male = 90%; female = 97%; chi-square = 20.5***). Responses varied significantly by level of familiarity with mental illness (Low = 88%; moderate = 95%; high = 97% ; chi-square = 14.4***). Responses varied significantly by age (25 or younger = 90%; 26 to 50 = 96%; 51 or older = 96%; chi-square = 16.6***).*

[b] *In 2010, responses varied significantly by gender (Male = 92%; female =96%; chi-square = 10.6**). Responses varied by level of familiarity with mental illness (Low = 93%; moderate = 93%; high = 96%; chi-square = 7.7*).*

Of the 1,268 people who believed that society needs to be more accepting and supportive of people with mental illness, 1,053 gave information about what people need to know in order to be more accepting (Figure 44). Among their most common suggestions for what people need to know were the following:

- Mental illness can be effectively treated (16%)
- Mental illness can happen to anyone (15%)
- Mental illness has a biological basis similar to other medical conditions (15%)
- There are different types of mental illness, with a wide range of symptoms and effects (14%)

While similar themes emerged in 2006 and 2010, there were some notable changes over time. The percentage of respondents recommending that the public learn that mental illness can be effectively treated doubled, from 8 percent in 2006 to16 percent in 2010. There were reductions in the percentage of respondents who recommended emphasizing that mental illness can happen to anyone (from 24% to 15%) and that there are different

levels of mental illness with varying symptoms and effects (from 20% to 14%) (Figure 44). The changes in these ratings do not necessarily reflect a reduction in the percentage of county residents that would agree with these items, just that fewer respondents volunteered these specific suggestions when asked an open-ended item.

44. Open-ended question: What do people need to know in order to be more accepting?

Suggestions of what people need to know in order to be more accepting	2006 survey (N=777)	2010 survey (N=1,053)
Mental illness can be effectively treated	8%	16%
Mental illness can happen to anyone, it's not anyone's fault	24%	15%
Mental illness has a biological basis, similar to other medical conditions. There are real causes for mental illness	14%	15%
There are different types of mental illness and a wide range of symptoms and effects	20%	14%
There needs to be more general education (unspecified)	16%	13%
People should be more understanding, caring, supportive, compassionate, and helpful	14%	11%
People with mental illness should be treated equally, just like everyone else	13%	10%
People with mental illness can be/are often fully functioning, successful, and productive members of society	7%	8%
Research is being done for mental illness and treatment is available	9%	6%
The prevalence of mental health issues is more common than people realize	6%	6%
People with mental illness are not necessarily dangerous	6%	6%
People with mental illness need to get proper help and early intervention	4%	4%
The public should change the misconceptions of mental illness (e.g., It's not contagious)	3%	4%
Mental illness requires equal treatment as physical disabilities	1%	2%
Provide advice on how to work with someone who has a mental illness	2%	1%
Mental illness is a serious problem. It is not something to laugh at or make fun of	<1%	<1%
People need to work together to make things better	<1%	-

When asked to identify the best strategies for changing community perceptions, respondents were most likely to suggest sharing more information in general (37%), providing more publicity about mental illness (31%), and holding community meetings or programs (11%). A wide range of other suggestions were also provided. Ratings provided in 2010 were relatively similar to those provided in 2006 (Figure 45).

45. Open-ended question: What are the best strategies for changing community perceptions?

Suggestions for changing community perceptions	2006 survey (N=847)	2010 survey (N=878)
Public needs more information/education (unspecified)	38%	37%
Public needs more publicity to make people aware of what mental illness really is	37%	31%
Offer community meetings, programs, or classes to share information	10%	11%
Get people who are affected by it, to speak out about mental illness	9%	8%
Show more TV documentaries or news reports	9%	8%
Introduce people to someone affected by mental illness/more interaction	5%	7%
Make people more accepting and less judgmental. Work to breakdown stereotypes	7%	7%
Educate public at an early age, especially in schools	9%	6%
Communicate through church and religious organizations	2%	3%
Create more programs or help for people with mental illness	2%	3%
Educate the public that people with mental illness can be and are often fully functioning, successful, and productive members of society	3%	2%
Have a community fundraiser or awareness day	1%	2%
Medical community needs to take larger role/part of routine exams	2%	1%
Teach the public that it is good to ask for help and catch problems early	3%	1%
Stop negative media/publicity	2%	1%
Create business/work awareness and programs	1%	1%
Imagine you or a family member had a mental illness and how it would be	<1%	<1%
People with mental illness should be more closely monitored (people would feel safer)	1%	<1%

Sixty-seven people said that society does not need to be more accepting of people with a mental illness. Forty-nine of these individuals provided explanations. Their most common reason was that people with mental illness are already accepted (37%, an increase from 26% in 2006). Others provided a range of reasons, including perceptions that individuals with mental illness need help rather than acceptance or already have enough assistance and should not receive special treatment (Figure 46).

46. Open-ended question: Why do you think that society does not need to be more accepting of people with a mental illness?

Why society does not need to be more accepting of people with mental illness	2006 survey (N=39)	2010 survey (N=49)
People with mental illness are already accepted by other people	26%	37%
People with mental illness don't need acceptance, they need help and should be separated	15%	16%
We already help people with mental illness enough	5%	14%
Society can not make people accept something they don't want to	15%	10%
People with mental illness are people just like us, and they shouldn't be treated differently	8%	10%
Family needs to deal with it first	-	8%
Mental illness is too broad/general a term (some illnesses are bad and harmful)	15%	6%
Everyone already knows about mental illness	10%	4%
People just don't come in contact with mental illness that often	3%	2%
People are over-diagnosed with mental illness	5%	-

Conclusions and recommendations

Overall, many of the results remained relatively stable across the two survey administrations. However, there were some changes, most of which reflected a positive shift in attitudes and beliefs. Many of the recommendations established in 2006 still apply based on these findings, and the Campaign is encouraged to continue their efforts. The following recommendations emerge from the 2010 survey results:

- Most of the residents surveyed know someone with a mental illness. Sharing information with residents about the prevalence of mental illness, and the percentage of county residents who report knowing someone, may help "normalize" this experience and reduce stigma. Along with this information, provide easy-to-find resources for informal supports, friends and family members who may not know how to talk with or help loved ones with mental health concerns.

- Familiarity with mental illness is a strong and consistent predictor of attitudes, and first-hand knowledge and experience is more powerful than general information about mental health in changing attitudes. Consider strategies to increase the familiarity of those with only casual exposure to mental health issues. Provide residents with information about how to recognize potential signs of mental health issues and provide positive models of recognizable individuals with mental illness, such as celebrities or respected leaders.

- As was the case in 2006, residents were relatively unlikely to say that they would trust someone with a mental illness to take care of their loved ones or to feel that people with a mental illness should have public leadership roles. Ratings to both items improved significantly from 2006, however further improvement is still possible. Share examples of individuals with mental illness who successfully carry out roles involving a high degree of trust, responsibility, or leadership.

- Approximately one-quarter of the respondents disagreed that they would know how to find out what services are available in the community if they were worried about their own, or their child's mental health. Continue to publicize information about available mental health services and resources. New people continuously move into every community, and others who have lived there for years might not pay close attention until the need arises.

- Almost two-thirds of the respondents (62%) "agreed" or "strongly agreed" that they would first try to solve a mental health concern on their own, rather than seeking treatment. Almost half (46%) would try to address mental health concerns of their

child on their own. Promote messages that encourage county residents to identify concerns and to seek help right away, rather than attempting to address concerns on their own.

- Men generally held more stigmatizing beliefs than women. Men also expressed less interest in learning about mental health, and were less likely to say that they have seen any recent publicity, suggesting a need for more creative and proactive strategies. Bringing information into the home, such as through television commercials, or providing posters/billboards in places popular among men may be helpful. More active strategies, such as identifying opportunities to engage men in conversations about mental health, are especially important.

- Residents age 25 or younger generally held more stigmatizing beliefs, and were least likely to agree with some of the beliefs common among adult residents (i.e., mental health is as important as physical health, mental illness can happen to anyone, and mental illness can be effectively treated). A number of items have shown improvement since 2006, however, again more improvement is possible. Provide age-appropriate education and resources to younger residents. It may be useful to target younger children, as attitudes about mental health begin to form in the elementary school years.

- Residents with concerns about their own mental health, or that of their child, are most likely to talk to doctors, clergy, and teachers. Other national research has shown that these groups are not always comfortable having these conversations and lack information about local sources of information and support. Provide targeted information to assist these professionals in providing accurate information, support, and local resources related to mental health.

- Although few residents are comfortable discussing mental health concerns at work, major employers are a strategic conduit for reaching residents, and a well-executed information campaign might help increase comfort levels regarding mental health topics in the workplace. Working with employers to distribute information about mental health and community resources may be an especially helpful strategy for reaching individuals with lower levels of formal education, who tend to hold more stigmatizing beliefs.

- The majority of the Anoka County population, and most of the survey respondents, were White. Individuals from other racial/ethnic backgrounds tended to hold more stigmatizing attitudes, but were also more interested in learning more about mental health. Consider partnering with culturally-based organizations in the community to provide culturally-appropriate and relevant information and resources.

Appendix

Community Survey

Community Survey

This survey is being conducted by Wilder Research for the Mental Wellness Campaign for Anoka County. The purpose of the

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survey is to measure the beliefs and knowledge of County residents regarding mental health. The information will be used to guide educational efforts in the county. The survey should take approximately 5-10 minutes to complete and is completely voluntary. People who complete the survey will be invited to participate in a lottery to receive a variety of prizes (see last page for details). **You must be a resident of Anoka County who is at least 14 years of age to complete the survey.**

1. Are you a resident of Anoka County age 14 or older? ☐[1] Yes ☐[2] No

The following questions ask about your general perceptions of mental health. Please indicate how much you agree or disagree with each item.

	Strongly disagree	Disagree	Agree	Strongly agree
2. Mental illness can be effectively treated.	☐[1]	☐[2]	☐[3]	☐[4]
3. Mental illness can happen to anyone.	☐[1]	☐[2]	☐[3]	☐[4]
4. I feel sorry for people who have a mental illness.	☐[1]	☐[2]	☐[3]	☐[4]
5. I try to avoid people who have a mental illness.	☐[1]	☐[2]	☐[3]	☐[4]
6. People with mental illnesses belong in a hospital or institution.	☐[1]	☐[2]	☐[3]	☐[4]
7. I would be uncomfortable if someone with a mental illness lived in my neighborhood.	☐[1]	☐[2]	☐[3]	☐[4]
8. Mental illness is caused by factors outside of someone's control.	☐[1]	☐[2]	☐[3]	☐[4]
9. I feel unsafe around people with mental illness.	☐[1]	☐[2]	☐[3]	☐[4]
10. I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	☐[1]	☐[2]	☐[3]	☐[4]
11. People with mental illness are a burden on society.	☐[1]	☐[2]	☐[3]	☐[4]
12. People with a mental illness should be excluded from positions of public leadership, such as elected officials.	☐[1]	☐[2]	☐[3]	☐[4]
13. More services need to be available for people with mental illness.	☐[1]	☐[2]	☐[3]	☐[4]
14. Mental health is as important to someone's well-being as their physical health.	☐[1]	☐[2]	☐[3]	☐[4]

If I was worried about my mental health…	Strongly disagree	Disagree	Agree	Strongly agree
15. I would feel comfortable talking to my doctor about it.	☐[1]	☐[2]	☐[3]	☐[4]
16. I would feel comfortable telling my friends.	☐[1]	☐[2]	☐[3]	☐[4]
17. I would feel comfortable telling my family.	☐[1]	☐[2]	☐[3]	☐[4]
18. I would feel comfortable telling my neighbors.	☐[1]	☐[2]	☐[3]	☐[4]
19. I would feel comfortable telling a clergy member or other religious/ spiritual leader.	☐[1]	☐[2]	☐[3]	☐[4]
20. I would feel comfortable telling my co-workers.	☐[1]	☐[2]	☐[3]	☐[4]
21. I would know how to find out what services are available in my community.	☐[1]	☐[2]	☐[3]	☐[4]
22. I would first try to solve the problem on my own, rather than seeking treatment.	☐[1]	☐[2]	☐[3]	☐[4]

23. Are you a primary caregiver for any children under the age of 18?

☐[1] Yes ☐[2] No → skip to question 33

If I was worried about my child's mental health…	Strongly disagree	Disagree	Agree	Strongly agree
24. I would feel comfortable talking to my child's doctor about it.	☐[1]	☐[2]	☐[3]	☐[4]
25. I would feel comfortable telling my friends.	☐[1]	☐[2]	☐[3]	☐[4]
26. I would feel comfortable telling my family.	☐[1]	☐[2]	☐[3]	☐[4]
27. I would feel comfortable telling my neighbors.	☐[1]	☐[2]	☐[3]	☐[4]
28. I would feel comfortable telling my co-workers.	☐[1]	☐[2]	☐[3]	☐[4]
29. I would feel comfortable telling a clergy member or other religious/ spiritual leader.	☐[1]	☐[2]	☐[3]	☐[4]
30. I would feel comfortable telling someone at my child's school, such as a teacher or counselor.	☐[1]	☐[2]	☐[3]	☐[4]
31. I would know how to find out what services are available in my community.	☐[1]	☐[2]	☐[3]	☐[4]
32. I would first try to solve the problem on my own, rather than seeking treatment.	☐[1]	☐[2]	☐[3]	☐[4]

33. What proportion of people in Anoka County do you think have had a mental health problem at some point in their lives?

☐[1] 1 in 2 ☐[3] 1 in 10 ☐[5] 1 in 50 ☐[7] 1 in 250

☐[2] 1 in 5 ☐[4] 1 in 25 ☐[6] 1 in 100

34. Please read the following list and place a check by EVERY statement that represents your experience with persons with a mental illness.

____ I have watched a fictional movie or television show that has a character with a mental illness
____ My job involves providing services/treatment for people with a mental illness
____ I have observed, in passing, someone I think may have had a mental illness
____ I have a mental illness
____ I have worked with someone with a mental illness at my place of employment
____ I have <u>never</u> observed someone that I was aware had a mental illness
____ A friend of the family has a mental illness
____ I have a relative who has a mental illness
____ I have watched a documentary on television about mental illness
____ I live with a person who has a mental illness

35. Are you interested in learning more about mental health?

☐[2] No

☐[1] Yes → What are the best ways for you to receive information? (i.e., newspaper articles, brochures, etc.).

_____

36. Have you recently seen any publicity about mental health or mental illness issues?

☐[2] No

☐[1] Yes → What was the source of the information? **(CHECK ALL THAT APPLY.)**

____ Billboard ____ Newspaper
____ School or job ____ Television news
____ Television commercial ____ Other television program
____ Magazine ____ Flyer or brochure
____ Poster ____ Radio program
_____Other: _____

37. Other than through this survey, are you familiar with the Mental Wellness Campaign for Anoka County?

☐[2] No

☐[1] Yes → Which of their activities/materials are you familiar with? **(CHECK ALL THAT APPLY.)**

____ Newspaper articles
____ Resource fairs/booths
____ Posters or displays
____ Presentations
____ "Nothing to Hide" display
____ DVD "Faces: Unmasking mental illness"
____ Television news
____ Flyer or brochure
____ Website
____ Other: _____

38. Do you think that society needs to be more accepting of people with a mental illness?

☐[1] Yes → a) What do people need to know or understand in order to be more accepting?

_____

_____

b) What are the best strategies for changing community perceptions?

_____

_____

☐[2] No → Why not? _____

_____

To make sure that the survey results reflect the opinions of a wide range of county residents, we are interested in learning a little more about you. Please answer the following questions.

39. What is your age? _____

40. What is your gender? ☐[1] male ☐[2] female

41. What is your racial/ethnic background? **(CHECK ALL THAT APPLY.)**

☐[1] White, non-Hispanic
☐[2] Black, non-Hispanic
☐[3] American Indian/Alaskan Native
☐[4] Hispanic
☐[5] Asian/Pacific Islander
☐[6] African born
☐[7] Other: _____

42. What city or town do you live in? _____

43. What is your occupation? _____

44. What is the highest level of education that you have completed?

☐[1] Less than a high school degree
☐[2] High school diploma or GED
☐[3] Some college
☐[4] Two-year college degree
☐[5] Four-year college degree
☐[6] Graduate degree

Thank you for completing the survey. If you would like more information about mental health services for adults, call 763-712-2911. For more information about mental health services for children, call 763-712-2703. For more information about the Mental Wellness Campaign for Anoka County, please call Tammy Ferguson, Chair of the Board of Directors of the Mental Wellness Campaign for Anoka County 612-280-0386.

MENTAL WELLNESS CAMPAIGN

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Lottery entry form

To express our appreciation to you for completing the survey, we will conduct a lottery on March 1st, 2010 for the incentives listed below.

- 1 pass for two adults to Chomonix Golf Course
- 5 passes for 4 people each to Bunker Beach
- 1 annual park permit for 2010
- 2 prizes of $50
- 6 prizes of $25

To be entered into the lottery, please complete the following contact information. This information will only be used to contact you if you are selected as a winner. It will not be stored electronically or shared with any other individuals or organizations. It will not be linked to your survey responses in any way.

Thank you to Connexus Energy and Anoka County Department of Parks and Recreation for the generous donation of lottery prizes.

Do you want to be entered in the lottery?

☐1 Yes → What is your name? _____

What is your phone number? _____

What is your mailing address? _____

_____

☐2 No

Please return this survey to the designated collection box or return to:

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